

Migraine Associated Vertigo

Migraine associated dizziness is a migraine spectrum disorder. It is also known as 'vestibular migraine' or 'migrainous vertigo'. People commonly think of migraine as a severe, one-sided, often throbbing headache often accompanied by nausea, vomiting, and sensitivity to light and sound. Migraine is actually a spectrum of disorders that may or may not include this type of headache. Some people suffer from visual migraines or 'aura', which can include black spots in their vision, loss of vision, tunnel vision, flashing lights and kaleidoscope vision, often only in one eye. Other people experience recurrent episodes of dizziness, which may or may not be accompanied by headache or aura.

What causes Migraine Associated Vertigo?

The causes of migraine associated dizziness are unclear, but vascular changes are thought to play a role. It is more common in people who have had migraine headaches or aura in the past. It is also more common in people who have a family member with migraine. Women of child-bearing age are most likely to develop migraine and the onset of menstruation is a common time to first notice symptoms. Menopause may also be a time when symptoms stop or change (e.g. someone who used to experience migraine headaches may not experience dizzy attacks).

Possible symptoms of Migraine Associated Vertigo:

- More than one episode of dizziness lasting minutes-hours (this may be spinning dizziness or a feeling of being disconnected from your environment)
- Feeling washed out or confused after an episode
- Dizziness on head movement
- Balance problems
- Sensitivity to busy visual environments (e.g. supermarkets, scrolling on the computer) during and between episodes
- Visual aura
- Sensitivity to light and/or sound
- Nausea/vomiting
- Severe headache (usually one-sided and throbbing)
- Tinnitus
- Experience of warning signs unique to the individual that indicate an attack is beginning
- Tingling/numbness in fingers/toes/lips
- Temporary difficulty in speaking, swallowing and coordinating limbs

How is Migraine diagnosed?

There are no specific tests for migraine and a diagnosis is often made based on the pattern of symptoms. Vestibular (balance tests) may be performed to rule out other causes of balance problems.

What treatment options are available for Migraine?

It is helpful to consider whether there are triggers for your migraine symptoms (see below). It may be suggested that you keep an activity and symptom diary to help you highlight your triggers, as these can vary greatly from one person to the next.

Possible food triggers:

- *Caffeine (tea, coffee, cola)*
- *Cheese (particularly aged or ripened cheeses)*
- *Chocolate (cocoa, carob)*

- Alcohol (especially red wine, port, sherry, Scotch, gin, and bourbon)
- Aspartame (artificial sweetener)
- Foods containing large amounts of monosodium glutamate (MSG).
- Smoked, cured, or processed meats
- Food prepared with meat tenderizer, soy sauce, vinegar (except white vinegar), or yeast extract; and food that has been fermented, pickled, or marinated
- Onions, olives, pickles Sour cream, yogurt, buttermilk
- Hot fresh bread, raised coffee cake, doughnuts
- Nuts, peanut butter
- Certain fruits (figs, avocados, raisins, red plums, passion fruit, papaya, banana, and citrus fruits)

Other possible triggers:

- Hormonal changes
- Weather changes / barometric-pressure variations
- Sleep disturbance
- Changes in daily routine (eg: migraine occurring on a Saturday after a longer lie in, later breakfast, extra glass of wine the night before)
- Dehydration
- Stress
- Perfume
- Sex
- Exercise
- Overuse of painkillers

It is recommended that you get into a regular pattern of sleep and try to maintain it even at the weekends. Stress management can be important in controlling migraines. It may not always be possible to avoid stress but we can learn ways of managing it. Moderate amounts of regular exercise may be beneficial but try to avoid doing too much exercise or undertaking irregular patterns of exercise as this may trigger your symptoms. Try to eat regular meals as low blood sugar may also trigger your symptoms. Stay well hydrated by drinking plenty of water during the day.

Medication

Medications are available to either treat the symptoms of an attack (taken when required) or prevent an attack occurring (taken daily). It is recommended that you try a given painkiller on at least 3 occasions. In order for the medication to be considered a failure, it would need to have not controlled your symptoms at least 2/3 times.

Your GP will be able to offer you advice regarding medication and migraine management. If treatment at GP level is not successful, they may refer you to a specialist for onward management.

Vestibular Rehabilitation

Exercises may be helpful for some patients. Vestibular rehabilitation can be used to improve the imbalance and sensitivity to busy visual environments between attacks. It may also be useful to discuss the anxiety that can co-exist with vestibular migraine.

Useful information:

Migraine Action Association
Tel: 0116 275 8317
www.migraine.org.uk

The Migraine Trust
Tel: 020 7436 1336
www.migrainetrust.org



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