

Healthy Lifestyles

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Unraveling the Mystery of Migraines

Dianna Mercier has a vivid memory of her mother sitting on the edge of the bed and in tears because of the pain. The source was yet another migraine headache, which was followed by a trip to the hospital for relief. "I remember how awful that was," Mercier recalls. "This was 50 years ago, so you took some pain medicine and when the migraine got really bad you went to the emergency room."

Mercier is very animated and passionate when she talks about the subject of migraines, because she has fought her own painful battle of the mind, and won. "I just thought they were regular headaches," she recalls. "They got progressively worse in intensity and frequency as I got older."

Mercier says she assumed she was having allergy and sinus issues, so she was surprised when a neurologist diagnosed her. She remembers her initial reaction to that diagnosis, "I don't want migraines. My mother had migraines. I know what they do to you. I'm not going to have migraines."

But determination and a positive attitude can only take you so far. Mercier eventually found herself crippled by chronic mi-

graine headaches, missing work, and missing life in general.

"I missed funerals, I missed weddings, I couldn't get out of bed, I couldn't drive," Mercier says. "It broke my heart to miss such important life events, but it just hurt too much."

The headaches consumed her waking hours four to six days a week. She describes them being at times like a poker pushed through her right eye, and the whole front of her face hurt. Other times she says it felt like an electric current was running through the back of her head, causing her brain to throb with every heartbeat.

"You can't think, you can't reason well, sunlight hurts your eyes, and you just want to be in a dark room and have everything quiet and really still," Mercier says. "You just take drugs and try to get somewhere quiet, and pray it will go away."

No relief in sight

Mercier says she tried everything she could find to relieve her headaches. That included going to more than one neurologist. She was placed on multiple medications, but the problem only seemed to get worse.

"Take more medicine,



Headaches consumed Dianna Mercier's waking hours four to six days a week, but with determination and expert care she now has her migraines under control.

take more medicine," Mercier says. "That was the frustrating part - I didn't have a lot of confidence in doctors."

Mercier says her pain got to a point where she was not only missing work, but on days when she was able to make it to the office, she couldn't fully function.

"If you've had a migraine for three days, your head is sore from what went on inside of it, and there's no brain function," Mercier says. "I remember answering the phone and somebody

neurologists, and had tried multiple medications.

That's when a friend shared hearing about migraine specialist Henry Hooker, MD. Dr. Hooker is a board-certified neurologist, but he's also certified in headache medicine. It's a somewhat rare subspecialty of neurology, and Mercier decided that seeing him was worth a shot.

One of the first things Dr. Hooker told her was that she would have to get off the narcotic pain medication she was taking. Her response was, "You stop the pain, and I'll get off."

Unraveling the mystery of Mercier's migraines was a lengthy process, but Dr. Hooker stayed with her until her headaches were finally brought under control by a combination of measures. For example, since Mercier tended to wake up with her headaches, Dr. Hooker made sure she had medication at night.

Migraines can be brought on by a variety of causes, and in Mercier's case, one of the key aggravators turned out to be pseudoephedrine. Mercier had been taking allergy and sinus medication containing pseudoephedrine for years, and had to find something that didn't have it.

"It actually took my allergy doctor awhile to come up with something," Mercier says. "He had to do some research."

After about a year of trial and error, relentlessly dogging the problem and searching for solutions, Mercier had just the right medication and treatment regimen.

"The second day of taking Dr. Hooker's meds, which included night time meds, I did not wake up with a migraine," Mercier says. When asked how she's doing now, Mercier's instant answer is "Amazing!"

She still has headaches once in awhile, but they're not frequent and they're completely manageable. Mercier says waking up had previously meant assessing her level of pain each morning, deciding how much medicine to take, then climbing back in bed to try to sleep off that pain.

"I had to give myself about four hours of waking up to try to get myself together," she says. All of that has changed. In fact, Mercier will tell you that her whole life is different.

"Now I just get to get up and look at the sunshine and work," Mercier says. "And it's a delight to work!"

Not All Headaches are Created Equal

There are about 200 different kinds of headaches. It's no wonder so many people are calling Dr. Henry Hooker for help.

Dr. Hooker is a board-certified neurologist, sub-specialty board-certified in headache medicine. While there are some 200 different kinds of headaches, and a large percentage of the population suffers from them, there are only 418 certified headache specialists in the U.S.

The definition of migraine is broad, but Dr. Hooker says it's basically a recurring headache, usually pulsating, that can appear on one side of the head or all over. It's associated with multiple symptoms, the most common being nausea, sensitivity to light, and sensitivity to sound.

Some of these headaches can include "aura," or a perceptual disturbance, like visual changes or numbness and tingling on one side of the body. There can be weakness on one side of the body, or difficulty in speech.

Some migraines can last from four hours up to three days. Chronic migraines take up more than half of a month, with more than eight days of very severe pain.

"A lot of people think, 'Well I've got this nagging, low grade headache in the

front of my head all the time. That can't be a migraine,' but actually it can be," says Dr. Hooker.

Once Dr. Hooker has a chance to sit down and talk to a patient, it doesn't take long to arrive at the actual diagnosis of migraine. Trying to treat the patient can take longer.

"Sometimes we hit a homerun," Dr. Hooker says, "and sometimes people get better in a week or two or three." On the other hand, he says sometimes it takes several months to try to find the right treatment, and sometimes it can take more than a year.

But no matter how long it takes, Dr. Hooker's patients say it's worth the wait.

"The reason he can do the job he does is because he's so thorough," says Dianna Mercier. She was suffering from headaches four to six days a week when she had her first appointment with Dr. Hooker. "He paid

attention to all the information I gave him."

Dr. Hooker says treatment usually includes three steps. The first step is to make sure the diagnosis is right. The second step is a headache diary, carefully reviewed to help determine what's causing the headaches or making them worse. Then there's the process of treatment, which includes making sure the medication is right. For most patients, physical therapy is also prescribed.

"That's a big, big part of treating headaches," Dr. Hooker says. "I know physical therapists who specialize in treating headaches."

Dr. Hooker says it's time to seek a specialist's help for treating a migraine when it begins to affect your lifestyle and interfere with your daily activities.

"When you can't have a normal life at home with your family, or if a bad headache and nausea af-

fect your work," Dr. Hooker says, "if it affects your activities of daily living, it's time to see a doctor."

Dr. Hooker points out that it doesn't have to be a chronic migraine that encompasses most of the days on your calendar, either.

"Some people only get two headaches a month, but those two are horrible," Dr. Hooker says. "That can make you miss work two days a month, and that's bad."

"Migraine is extremely common," Dr. Hooker says, "and a lot of people are suffering unnecessarily."

To learn more about Dr. Hooker and other services through Methodist Medical Center, call (865) 835-4662. For more information about the Headache Center, visit cumberlandneurologygroup.com



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Is Your Pain Medication Making It Worse?

If you're downing a bottle of over-the-counter pain medication every week, and you still have ongoing headaches, you might be doing yourself more harm than good.

"It's called a medication overuse headache," says Henry Hooker, MD. "It's an actual coded diagnosis."

Hooker says it's not the same as abuse of medicine, drug seeking behavior, or addiction. Patients are genuinely trying to responsibly medicate their pain. In the process, the brain gets used to having the medicine.

"The way you know it's happening is by the

headache pattern itself," Hooker says. "It becomes more nondescript, ongoing, pressure-type pain that doesn't necessarily fit the description of migraine, but horrible migraines will break through very frequently."

Hooker says a large part of what he does is getting patients off medications they sometimes think they absolutely must have to survive their headaches.

"People don't realize that what they're taking for the headache is actually making them worse," Hooker says.

Finding a Physician Shouldn't be a HEADACHE

For personal assistance to find the physician who meets your needs or to request your free copy of Methodist Medical Center's 2014 Physician Directory, call (865) 835-4662.

