

MEDICAL BRIEFS

New Canton health center

The University of Michigan Health System has expanded its presence in western Wayne County with the opening of the brand new U-M Canton Health Center, located at 1051 N. Canton Center Road. The center will begin seeing patients on a regular basis June 27.

The new \$8.4 million facility will feature internal medicine, pediatrics, obstetrics and gynecology, adult medicine and radiology, as well as new specialty services, including cardiology, mammography and ultrasound.

"Increasing and adding new services is key to treating our patients," says Dr. Donago Ward, U-M Canton Health Center Medical Director.

"The opening of our new facility is a result of listening to our customers and putting their needs first," said G. Keith Crews, manager of the U-M Canton Health Center.

For more information or to make an appointment, call (734) 844-6400.

Free health screening

When the sun starts shining and temperatures start rising, people begin to participate in outdoor activities more often. Community members can make sure their health is up to par by stopping into a local Botolph General Hospital medical office for a free health screening June 27-29.

Have your blood pressure, cholesterol, blood glucose and nutrition checked at these Botolph medical centers:

- Drakeshire Family Practice, 35125 Grand River Avenue, Farmington, (248) 476-3333, 9 a.m. to 4 p.m. Tuesday, June 27.

- Newberry Square Family Health Care, 39830 West 14 Mile Road, Walled Lake, (248) 926-8330, 9 a.m. to 4 p.m. Wednesday, June 28.

- General Medicine Center, 19335 Grand River Avenue, Detroit, (313) 635-0077, 9 a.m. to 4 p.m. Thursday, June 29.

Health screenings include a health maintenance checklist, a free gift and chance to meet Botolph's board-certified physicians and four staff physicians. Appointments are required. Anyone interested in receiving a free health screening can call the nearest office to schedule a visit.

Top cardiovascular center

Oakwood's Cardiology Center was recently recognized as being one of the nation's top 100 cardiovascular hospitals. The award is the result of a study conducted by the HCIA-Sachs Institute Inc. of Baltimore, Maryland, which collects, manages and distributes comparative healthcare information.

Oakwood's Cardiology Center is the only cardiovascular center in southeastern Michigan to be recognized as a 100 Top Cardiovascular Hospital and one of only three cardiovascular programs in the entire state of Michigan to receive this distinction.

The study focused on cardiovascular services in the areas of acute myocardial infarction, percutaneous transluminal coronary angioplasty, and coronary artery bypass graft procedures.

Dr. Samir Dabbous, director of the Cardiology Center, expressed his gratitude by indicating that "receiving this recognition for the second year in a row is a tribute to all the staff who have made it possible. The doctors, nurses, technologists and all the patient care and support staff share the honor in receiving this distinction."

We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer noteworthy information including Medical Databook (upcoming calendar events), Medical Newsletters (appointments/new hires in the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies).

We also welcome noteworthy ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

CALL US: (734) 853-2128

WRITE US: Observer & Economic Newsletters (Specify Databook, Newsletters or Briefs) Attn: Renee Skoglund 30211 Schoolcraft Road Livonia, MI 48150

FAX US: (734) 853-7279

E-MAIL US: rskoglund@oe.homecomm.net

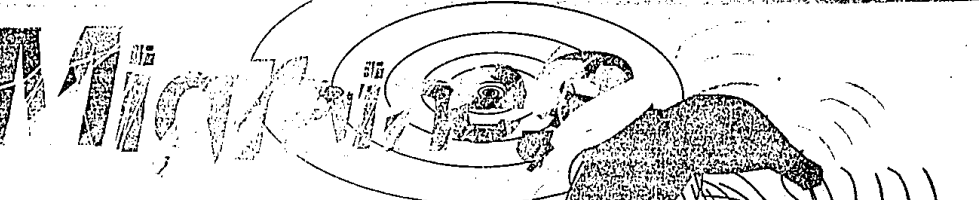
hotmetownnewsletters.net

hometownnewsletters.net

hometownnewsletters.net

hometownnewsletters.net

hometownnewsletters.net



The hurricane of headaches wrecks havoc with sufferers

BY RENEE SKOGLUND
STAFF WRITER
rskoglund@oe.homecomm.net

Sure, you've had headaches... a dull pain from too much studying, or much computer work or the take-two-aspirin, gone-in-an-hour variety.

Then one day your head throbs like a pair of amplifiers on steroids. You're acutely sensitive to light and sound, and you may even feel nauseous. You cannot plug and lie motionless in a dark room, waiting for it to pass. When it does, you're drained and lethargic. You've survived but pray it never happens again.

You've had a migraine, the hurricane of headaches.

"It's not like a normal headache," said migraine sufferer Alyce Humphrey of Plymouth. "It's a debilitating condition. You wouldn't wish it on anybody. You're miserable."

Migraine is more than just a "bad headache." It's a legitimate, biological disease affecting 28 million Americans, about 13 percent of the population. According to the National Headache Foundation, one in every four households in the United States has a migraine sufferer. Migraine is more common than asthma, diabetes or congestive heart failure.

The NHF estimates that 157 million workdays are lost annually because of the pain and associated symptoms of migraine. And, according to a study published in the April 1999 issue of the *Archives of Internal Medicine*, migraine costs American employers \$13 billion per year due to missed work and reduced productivity.

While there is no known cure for migraine headaches, there is greater understanding of the dynamics of a migraine attack.

Physiology/Causes

It is thought that a migraine attack is triggered from within the brain itself. Once an attack begins, the pain and other symptoms of migraine may arise from an inflammatory process resulting from an interaction between the trigeminal nerve and blood vessels in the covering of the brain. Serotonin (5-hydroxytryptamine or 5-HT), a naturally occurring chemical in the brain, has been implicated in this inflammatory process.

"Psychological stress is the most common trigger," said Dr. Gerald Riess of the Greater Ann Arbor Neurology Associates. However, anything may trigger a migraine, and triggers are not the same for everyone. In fact, what causes a migraine in one person may relieve it in another. Triggers may include one or more of the following categories:

- Diet (e.g. chocolate, red wine)
- Environment (e.g. bright lights, smoke)
- Emotions (e.g. stress, anxiety)
- Activity (e.g. irregular exercise, lack of sleep)
- Hormones (e.g. menstrual cycle, oral contraceptives)

Medications (e.g. overuse of over-the-counter analgesics/pain relievers)

Humphrey recalled once developing a "rip roaring" migraine after watching a cartoon with flashing images. In fact, it is a pattern of light and dark that often triggers her migraines. "Driving along a residential street with patches of deep shade and glaring sunlight can be awful," she said.

IMPACT!

The NHF has created a easy-to-remember way of giving people information on the core approaches to contain the pain of migraines:

- Identify symptoms
- Maintain a diary of migraine history
- Partner with a healthcare professional
- Avoid triggers, like stress or certain food and beverages

Call the National Headache Foundation for more information and support. Treat migraines effectively.

You may contact the National Headache Foundation by calling toll free (888) NHF-5552, fax (734) 525-7337 or www.headaches.org

Migraine symptoms

Migraine is characterized by throbbing head pain, usually located on one side of the head and often accompanied by nausea and sensitivity to light and/or sound.

The combination of debilitating pain and associated symptoms often prevents sufferers from performing daily activities. Attacks occur periodically and can last from four to 72 hours. Symptoms, incident and severity vary by individual and attack.

For Humphrey, the migraine is preceded by flu-like symptoms, "a vague feeling of not feeling well." Afterwards comes the pain. "It always starts out behind my left eye. It feels like a kitchen knife is being put through my eye into my head," she said.

"Next comes the nausea. It can come on quite quickly, or slowly, or it can hang on the edge of a catatonic state. I wish it would just come and be done with."

A small number of sufferers experience what is known as "aura." They may see light flashes, blind spots, zigzag lines, shimmering lights and may experience vision loss and numbness prior to the head pain and other symptoms. A common misperception is that most patients with migraine experience aura before the onset of a headache, when in fact, 80-90 percent of sufferers do not.

Sufferer profile

Migraine afflicts both men and women, although women experience migraine more often than men, at a ratio of 3:1. Peak prevalence for migraine is between the ages of 20 and 45 for both genders. Of the approximately 1,600 patients seen at Greater Ann Arbor Neurology Associates, only a handful are elderly, said Dr. Riess.

However, migraine does affect children, he said. "Migraine can happen at a very young age. It is often misdiagnosed in a young child. Children can't always explain their symptoms. Also, people don't think child can get migraines."

In addition, children's symptoms may be manifested in motion sickness and stomach problems, said Dr. Riess.

Frequency/Duration

Migraine is a chronic, recurrent disease. Typically, sufferers experience an average of one attack per month. The attack can last from four to 72 hours. Early intervention is the key. "As is always the case, the earlier you treat the headache, the easier it is to treat," said Riess.

Research/Treatment

With the help of a physician, patients can identify and alleviate their symptoms with an appropriate treatment regimen. Humphrey said if she can't take two Excedrin Migraine tablets and get to sleep before the nausea hits, the migraine will pass.

Medications generally fall into two categories:

- **Prophylactic:** Taken on a daily basis, prophylactic - or preventative - medications can help reduce the number of attacks in patients who experience more than two migraines per month.

- **Acute or abortive:** Acute therapy treats the symptoms of migraine after the attack begins. Many medications available to treat an acute attack must be taken as soon as the attack occurs, otherwise they may be less effective.

As a neurologist, Riess sees a "skewed" segment of the migraine population, the most severe cases. Most of his patients are on a prophylactic medication regimen. However, the majority of migraine sufferers need only abortive medication. "The cutoff is one headache a week," said Riess. More than that, prophylactic treatment is necessary.

Genetic link

According to the National Headache Foundation, migraine runs in families, as 70 percent of sufferers are found to have a hereditary influence. In fact, a child has a 50 percent chance of becoming a sufferer if one parent suffers and a 75 percent chance of both parents suffer.

Get help

Research indicates that most migraine sufferers go undiagnosed by a physician. Doctor appointments made to solely address headaches account for less than 4 percent of patient visits.

"People with migraines need to take an active role in their healthcare and provide their physicians with detailed headache history and other pertinent information during a visit strictly to discuss their headaches," said Dr. Seymour Diamond, executive chairman of the NHF.

Relief from migraines is a process between patient and physician. Besides behavior modification techniques, there are dozens of medications, as well as combinations of medications, available to treat migraine, said Dr. Riess.

The NHF recommends that undiagnosed migraine sufferers make an appointment with their physician for the express purpose of discussing their headaches. Only then can they take full advantage of the growing number of treatment options.

You may contact the National Headache Foundation by calling toll free (888) NHF-5552, fax (734) 525-7337 or www.headaches.org

Triggers

Both physiological and hereditary factors and environmental and lifestyle issues are tied to migraine headaches. In women, migraine often accompanies the menstrual cycle. Men and women also report other triggering factors, including:

- Alteration of sleep-awake cycle
- Missing or delaying a meal
- Medications that cause a swelling of the blood vessels
- Excessive amounts of acute or abortive medications for migraine or other headaches
- Bright lights, sunlight, fluorescent lights, TV and movie viewing
- A host of dietary triggers may cause attacks in certain individuals, though not necessarily on every occasion. These triggers may include:
 - Ripened cheeses (Cheddar, Emmentaler, Stilton, Brie, Camembert)
 - Chocolate
 - Anything fermented, pickled or marinated
 - Sour cream
 - MSG
 - Nuts, peanut butter
 - MSG
 - Figs, raisins, papayas, avocados, red plums
 - Citrus fruits (no more than 1/2 cup daily)
 - Bananas
 - Excessive amounts of tea, coffee or cola beverages
 - Sausage, bologna, pepperoni, salami, summer sausage, hot dogs
 - Alcoholic beverages

Source: National Headache Foundation

More treatment options are available

Neurologist Sheena Aurora, M.D., sees patients at Henry Ford Medical Center-Allen Park every Thursday. Many of them have suffered with migraine headaches for years before they come to her.

The International Headache Society describes migraines as among the most widespread and undiagnosed conditions worldwide. The economic cost to society is enormous, as is the personal cost. With a tendency to delay treatment, migraine sufferers are documented as having a worse quality of life than people with hypertension, asthma and diabetes. Yet, for many, help is available.

"We now understand more about migraines, and new drugs have been developed that target the mechanism of migraines," said Dr. Aurora, who returned from an American Headache Society conference. "We've made a lot of strides in the treatment of migraines."

Just ask her patients, Deborah Smith, 36, of Brownstown Township and Norma Wackiewicz, 52,

of Livonia, both of whom finally sought relief at the multidisciplinary clinic led by Dr. Aurora.

"I've had headaches as far back as I can remember, probably since I was 12," Smith said. "But what made me seek treatment was when I began to get them when I had young kids.... With little kids, I couldn't go to bed like I did before."

"I had daily headaches for eight years," said Wackiewicz. "They started at age 32. Medication was the only thing that helped me. But then I got rebound headaches from the medication I was using to treat my headaches."

Both Smith and Wackiewicz said they found the multidisciplinary approach invaluable, but for different reasons. The Allen Park clinic combines medical treatment by neurologists with care provided by specially trained nurses, a psychologist and a pharmacist, all of whom work together to provide insights on exercise, nutrition, medication and a range of stress-reduction techniques.

With guidance from these professionals, Smith modified her diet further to avoid foods such as onions, garlic, caffeine and chocolate that might "trigger" her disorder. Wackiewicz found the group sessions that focused on relaxation techniques immensely helpful. Both women also required fast-acting medication to sustain their hard-won reduced-headache status.

Dr. Aurora agrees that this multidisciplinary approach has made a world of difference to her patients, many of whom receive little understanding from their family, friends and colleagues.

Who, what and why

"People need to understand that migraine is more than just headache pain. The individuals who are predisposed to migraines have sensitive or hyperexcitable brains. Here at Henry Ford, our research studies were instrumental in making that conclu-

Please see TREATMENT D5