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# Vestibular migraine advice

## General information

Approximately 40% of migraine patients have some vestibular issues involving disruption in their balance and/or dizziness at one time or another. This may be prior to, during, after, or totally independent of their migraine event. The duration of attacks varies from seconds to days, usually lasting minutes to hours, and they mostly occur independently of headaches. [Bisdorf 2011]

## Common triggers

There are food and environmental triggers for migraine, also hormonal fluctuations, and weather changes (barometric-pressure variations) often exacerbate both conditions.

## Diet treatments

Finally, diet modifications and certain medications used in migraine management may improve or prevent the vestibular component of the migraine.

## Diet and removing the five C's

1. Citrus                      fruits like lemons, limes and oranges
2. Chocolate
3. Chinese food              some takeaways contain additives to enhance flavour
4. Cheese
5. Caffeine

## Medical treatments

Acute anti-vertiginous and antiemetic drugs are considered useful for suppressing vestibular symptoms. Antihistaminic drugs are useful for treating milder episodes of vertigo and for controlling motion sickness. Some more specific trials have been done with triptans and NSAIDs, but there can be adverse effects from medication and the GP should be consulted.

## Physiotherapy treatments

Interestingly, some of the pain killer medications do not resolve the dizziness, and medications for the dizziness often do not resolve the painful headache.

Physiotherapy seems to be particularly useful for complications of vestibular migraine such as anxiety, visual dependence or loss of confidence in the balance system [Furman *et al.* 2005].

## References

- <http://vestibular.org/migraine-associated-vertigo-mav> [online 11/06/2014]
- Bisdorf. AR (2011) Management of vestibular migraine. *Ther Adv Neurol Disord.* 2011 May; 4(3): 183–191. doi: 10.1177/1756285611401647
- Furman J.M., Balaban C.D., Jacob R.G., Marcus D.A. (2005) Migraine–anxiety related dizziness (MARD): A new disorder? *J Neurol Neurosurg Psychiatry* 76: 1–8

## Contact details

### Outpatients Physiotherapy

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Date: 11/06/2014  
Review date: Ongoing  
Version number:



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