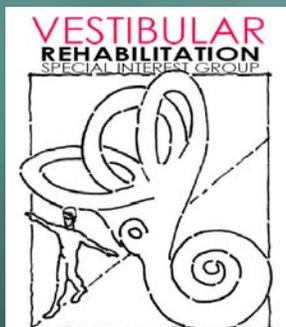


Migraine Associated Dizziness

FACT SHEET



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Migraine associated dizziness (MAD) is a common cause of recurrent vertigo that affects approximately one third of those who complain of migraines.^{1,2} It has also been referred to as vestibular migraine, migraine associated recurrent vertigo, benign recurrent vertigo, migraine related vestibulopathy, and migrainous vertigo. There are no uniformly agreed upon definitions or terminology for migrainous vertigo.³

Diagnosis There is a lot of skepticism about this diagnosis secondary to the lack of diagnostic testing available. Diagnosis is often determined by a subjective history after ruling out other pathological mechanisms.

Proposed criteria by Neuhauser and Lempert⁴ for diagnosis of migrainous vertigo are as follows:

- Episodic vestibular symptoms of at least moderate severity (rotational vertigo, other illusory self or object motion, positional vertigo, head motion intolerance, ie, sensation of imbalance or illusory self or object motion that is provoked by head motion)
- Migraine according to the IHS criteria: Migraine without aura, migraine with aura, migraine with prolonged aura, basilar migraine, migraine aura without headache, childhood periodic symptoms, benign paroxysmal vertigo of childhood, migrainous infarction
- At least one of the following migrainous symptoms during at least 2 vertiginous attacks: migrainous headache, photophobia, phonophobia, visual or other auras
- Other causes ruled out by appropriate investigations

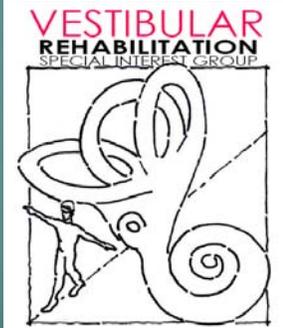
Symptoms^{1,2,5}

- Vertigo and headache, which may not occur simultaneously
- Symptoms can occur prior to the onset of headache, during a headache, or, as is most common, during a headache-free interval
- Dizziness may occur during menstrual cycle in women
- Migrainous vertigo can last several minutes or several hours without dizziness between attacks



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- May manifest as episodic rotational vertigo with or without nausea and vomiting, positional vertigo, constant imbalance, movement-associated disequilibrium, illusory self or object motion, head motion intolerance, and/or lightheadedness
- Photophobia, phonophobia

Treatment Vestibular rehabilitation including habituation exercises to decrease sensitivity to activities that provoke dizziness, gait training, and balance training can help with the management of MAD.^{6,7} Reducing or eliminating triggers (including dietary and environmental), managing stress, and using prophylactic and/or abortive medication for migraine can also help manage MAD.^{5,8}

Prognosis The prognosis of MAD is variable from person to person.

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