



On-Balance Physiotherapy

Vestibular, Balance and Neurological Rehabilitation

106 Balmoral Street, Hornsby NSW 2077

VESTIBULAR MIGRAINE

Vestibular Migraine (VM) is one of the most common causes of episodic vertigo in both children and adults. Around 25-35% of patients attending 'dizzy clinics' are diagnosed with VM. It is a variant of migraine, where rather than pain being the primary feature, vestibular symptoms such as vertigo (spinning, rocking or swaying sensation) nausea and imbalance, lasting 5 minutes to 72 hours, are the main complaints.

The diagnosis of Vestibular Migraine (VM) mainly depends on patient history as there are no clinically useful biomarkers as yet. Commonly, patients will have a history and/or a family history of classic migraine (though not always) and often classic migraine attacks can be replaced by the isolated vertigo attacks of VM in post-menopausal women. Other vestibular disorders should have been excluded such as Meniere's Disease, TIA's and BPPV as well as anxiety related dizziness.

Symptoms of VM can include: spontaneous vertigo (21-83%); vertigo and dizziness with positional change (17-65%) and head motion intolerance/motion sensitivity (31-77%). Additional symptoms can be unsteadiness, balance problems, nausea and vomiting. Headache can be associated with an episode (before, during or after) but not always. Patients also can report sensitivity to light, sounds, smell or visually stimulating environments. Some other vestibular symptoms such as tinnitus (noises in the ears); ear pressure or blocked feeling and mild hearing changes can also be experienced. Other auras associated with classic migraine such as visual scotoma (zigzags, flashing lights etc) blurred vision, numbness are also common.

Between episodes, the neurological and vestibular function examinations are usually normal. However, sometimes the oculomotor examination can show small flickering eye movements called nystagmus either when still or when changing body and head position. This eye flickering is usually low amplitude and different in quality to eye movements triggered by BPPV.

During a VM event, most people will have some signs of unusual eye movements (nystagmus) – which can be when still or with positional change. VM is 'the great mimic'. Eye movements can closely resemble those of BPPV or an inner ear dysfunction such as neuritis/labyrinthitis. Anxiety has been found to be very common associated to VM and it is thought that migraine and anxiety related conditions share similar chemical pathways in the brain such as serotonin.

Migraine is described as being a disorder of sensory processing and that the brain is 'sensitised' compared to a non-migraine brain. The brain has increased excitability occurring during the processing of sensory information. This possibly has a genetic link. This means that the brain is 'working at higher revs' and is more easily stimulated to the point of getting a migraine than a non-migraine brain.



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On-Balance Physiotherapy is Sydney's leading Vestibular Rehabilitation Physiotherapy Practice providing a high standard of evidence based clinical practice for the management of:

- Vertigo
- Vestibular Rehab
- BPPV
- Dizziness
- Imbalance
- Ataxia
- Fear of falling
- Headache
- Neck pain and stiffness
- Posture
- Balance
- Concussion
- Vertiginous Migraine/Headache
- Neurological Rehab
- Pre/Rehab for Vestibular Schwannoma
- Pre/Rehab for Cochlear Implant
- Pre/Rehab Gentamicin Ablation for Meniere's

On-Balance Physiotherapy is a Centre of Excellence providing world class solutions for the management of vestibular and balance disorders, dizziness and headache.

State of the art equipment is used to view and record nystagmus, measure postural sway and test semi-circular canal and otolith function.

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MANAGING VESTIBULAR MIGRAINE

Managing Vestibular Migraine usually takes a multi-pronged approach. Recent literature supports assessing the upper cervical spine (C0/1, C1/2 and C2/3) for any motion segment dysfunction and muscle spasm and treating this as a way of desensitising the brainstem. Treatment usually consists of advice on improving posture, mobilisation of the segments involved and specific exercises and stretches.

Other approaches include avoiding environmental triggers such as busy visual environments and excessive sensory stimulation. Some people also find that also avoiding hormonal triggers and dietary triggers can help. Literature has shown that stress and anxiety reduction techniques and adequate sleep can be helpful too. As does regular moderate intensity cardiovascular exercise for between 20-40 minutes 3-4 times a week.

For people who are motion sensitive after Vestibular Migraine, a customised Vestibular Rehabilitation home exercise programme can help to desensitise the person to be better able to tolerate provoking visual, head and body movements. These customised home exercise programmes usually incorporate carefully graded balance exercises, head and eye exercises as well as whole body movements.

Migraine is frequently also managed medically, with the use of preventer medications, medication for use during an attack and medications to help with symptom relief such as pain killers or anti-nausea medications. GPs and Neurologists can suggest the most appropriate management with medication.

Literature has suggested that some over the counter supplements such as high dose Magnesium (400mg) and Riboflavin (400-600mg); co-enzyme Q10; combinations such as Reme-D or Migraine Care (Bioceuticals) can be useful in preventing migraine. This should be discussed with a pharmacist or GP before trialling.



References:

Watson D and Drummond 2014. Cervical referral of head pain in migraineurs. Headache. 54:1035-1045.

Stolte et al 2014. Vestibular Migraine. Cephalgia 0 (0) 1-9.

Dieterich M et al 2016. Vestibular Migraine: the most frequent entity of episodic vertigo. J Neurol 263 (Suppl 1)S82-S89



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