



Vestibular Migraine

What is vestibular migraine?

Vestibular migraine (VM) is one of the most common causes of dizziness and vertigo and is not always associated with headaches. The duration of attacks of vestibular migraine can vary from seconds to days at a time, but attacks usually last minutes to hours. Vestibular migraines mostly occur without headaches, although many are followed by, or occur with a headache or visual changes. Approximately 55% of migraine patients experience vestibular symptoms at one time or another. Most people expect to get a classic migraine headache which can last from 4-72 hours. Many people who have vestibular migraine don't get typical migraine symptoms. Their main symptom can be a balance or dizziness problem.

What are the common triggers of VM?

Triggers can be anything that can start a migraine. Commonly reported migraine triggers include hunger, dehydration, stress, fatigue, flashing lights and changes in routine etc. However, triggers can be different for everyone and sometimes it can be difficult to identify them which can be frustrating. Keeping a symptom diary can be very helpful.

- Stress
- Sleep disruption
- Diet – particularly irregular meals or lack of food; alcohol or caffeine; not drinking enough water
- Hormonal changes e.g. changes in oestrogen or testosterone levels
- Environmental factors – lights; noise; smell; changes in weather; flickering lights, bright sunshine, smoking
- Neck and shoulder tension
- Medication – frequent use of paracetamol / ibuprofen / morphine products
- Menstrual cycle

What causes VM?

The underlying cause of vestibular migraine is unknown; however, they are known to be strongly related to a mixture of environmental and genetic factors. For example, they run in families in around two thirds of cases. Vestibular migraine is very closely linked with anxiety, depression and other forms of dizziness such as Meniere's disease (of which it is often confused and may coexist). In general, however, it is well recognised that a vestibular migraine is set off by common triggers in almost all patients. These migraine triggers can be controlled and serve as the basis for treatment.

What are symptoms of VM?

Vestibular migraine typically is associated with intolerance of movement (moving the head or watching moving images makes the symptoms worse) and dizziness.

Other symptoms during an episode of vestibular migraine include;

- Nausea, vomiting, sweating and flushing
- Visual changes such as blurring, flashing lights and difficulty focusing
- Difficulty concentrating and memory problems during the episode (often described as 'trying to concentrate through a fog')
- Finding bright lights and loud sounds uncomfortable – worse during an episode is common in vestibular migraine

Patients most commonly feel extreme tiredness and fatigue after an episode, needing to sleep (often in a darkened room).

What are 'The 6 C's' that are the most common triggers of VM?

- Caffeine
- Cheese
- Chinese food (MSG's)
- Chianti (alcohol – especially red wine as it contains Tyramine)
- Chocolate
- Citrus fruits

How to treat VM?

One method which has been shown to be very successful in managing Vestibular Migraine is to keep a symptom diary, and this way, over a period of a few months it is common to find a pattern to your attacks.

- **Relaxation** – walking, yoga, swimming, Tai Chi, pilates, massage and general relaxation therapy, meditation and mindfulness techniques
- Keep a diary to help you identify any triggers, that you can manage yourself
- **Keep well hydrated** – at least 2 litres of water daily
- **Regular sleep pattern** – try to go to bed and get up at the same time every day, including weekends
- **Regular mealtimes** – avoid missing meals and try and regulate your mealtimes, as well as having a well-balanced breakfast, lunch and dinner at around the same times each day
- **Limit caffeine** – for people who experience migraine, limiting caffeine may help. If you stop caffeine suddenly caffeine withdrawal can cause headaches. You can submit this with decaffeinated alternatives if needed
- **Limit painkillers** – taking too many painkillers can make headaches worse or cause rebound headaches. Try to limit pain relief medicine to no more than twice a week or no more than 8 days out of the month
- **Limit alcohol** – alcohol can trigger attacks and affect quality and patterns of sleep, so it is best avoided until you find out about your triggers

Useful links

For further information about Vestibular Migraine and general management please access the following:

- **The Migraine Trust:** migrainetrust.org/understand-migraine/types-of-migraine/vesibular
- **Migraine – NHS website:** www.nhs.uk/conditions/migraine/
- **ENT UK:** www.entuk.org/patients/conditions/89/vestibular_migraine/

- **Vestibular migraine:** www.vestibularmigraine.co.uk/#home

Your GP may wish to access the following information produced by the UHB Neurology Department regarding treatment options for migraine.



www.uhb.nhs.uk/gps/referrals/referrals-by-specialty/neurology/migraine-referral-pathway/



https://www.birminghamsolihull.icb.nhs.uk/application/files/2517/3271/5236/Migraine_Pathway_age_18_v2.1.pdf

If you have any questions or need further information, please contact The Balance Team Secretary:  0121 424 3154

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