

Heads, You Win

Debilitating headaches and migraines impact tens of thousands in the MKE area. Here's how area physicians are addressing their triggers and their treatments.

BY ERIN TREDER | PHOTOS BY LAURA DIERBECK



"[My first migraine] came on so fast, my head felt like it was going to explode from the inside out with the most intense pain I had ever experienced," says Sara Hammer.

Sara Hammer, 39, had her first migraine six years ago. "It came on so fast, my head felt like it was going to explode from the inside out with the most intense pain I had ever experienced," she says.

Along with the pain came an intense bout of vertigo so severe she had to be taken to the emergency room. "My heart rate was through the roof, my blood pressure was dangerously high, and I had no idea what was going on," she describes.

A week later, she learned she'd had a vestibular migraine. Symptoms include vertigo, a feeling of moving and spinning that happens even while sitting still.

At the time her migraines started, Sara's two sons were barely 2 and 3 years old. She remembers having to crawl out on her deck that summer because she was too dizzy to stand. Her boys would put down a blanket so she could lay down and watch them play in the yard.

"Honestly, I don't know how I got through it," Sara says. "I felt terrible most of the time."

Sara began doing her own research and started cutting out known migraine triggers such as aged cheese and exposure to certain plastic products, which can contain chemicals that might begin to trip a migraine. "Nothing worked," says Sara. "It actually got worse."

Sara decided she needed to seek professional help. She eventually made her way into the office of Fallon Schloemer, DO, a neurologist with Froedtert who specializes in headaches.

Now, Sara says she's feeling better than ever. "I got my life and body back after two long years," she says.

A Disabling Disease

It's hard to explain the magnitude of a migraine to someone who hasn't experienced one. Migraine sufferers might be expected to simply "suck it up" and go to that event or come to work as though everything is normal. But it's not that simple.

"A common misconception is that it's just head pain, but it's really much more," says Laine Green, M.D., a neurologist at the Mayo Clinic in Arizona, as well as an editorial member of the American Migraine Foundation. "In addition to severe head pain, patients can experience other symptoms like nausea and vomiting, and sensitivity to light, sound, touch and movement," Green says.



ADVENT provider reviewing CT Scan with patient

Photo courtesy of ADVENT

They can also experience dizziness and vertigo, like Sara did.

More than 39 million people in the United States suffer from migraines, with 1 out of every 4 households affected. While migraine is three times more common in women, it can affect anyone. The third most common disease in the world, over 90 percent of those affected by migraine find it interferes with school, work and social activities.

“It’s a disabling disease,” says Green. “Everything a patient does can become aggravating.”

Even after the migraine subsides, effects can linger.

Knowing The Triggers

Just as there are many symptoms for headaches and migraines, various triggers can set them off. While there is a genetic propensity for migraine, it can also affect people at random. Recurrent headaches can also be the result of lifestyle.

“We have patients keep a detailed headache diary so we can identify those patterns, trends, and triggers,” Schloemer says. “A lot of headache management is trigger avoidance.”

Paul Ralston, D.C., owner of One Source Wellness & Chiropractic in Brookfield, says he’s seen an uptick in headache complaints due to “text neck” — the tendency to hang your head forward while looking at a device. “This is a huge problem,” he says. “By the time your head

has moved 60 degrees forward, you have an extra 60 pounds of tension pulling on the musculature and the joints that hold the head upright.”

Not only can this posture create problems in the short term, it can have lingering effects, including premature degeneration in joints, which can also result in tension headaches.

More people working from home in altered ergonomic positions also plays a role in headache development, Ralston says.

And anatomical issues of the nose and sinuses can also be a major cause of frequent headaches and migraines, says Dr. Madan Kandula, CEO and founder of ADVENT, which specializes in sleep, sinus and snoring issues.

“Most of our patients come to us with existing nose and sinus issues that can contribute to more frequent and intense headache and migraine episodes,” he says. “If we can treat those underlying issues, it can be a pretty dramatic change for our patients.”

Kandula is a migraine sufferer who also previously had nose and sinus problems. “After correction of those issues, the frequency and severity of my migraines has almost disappeared,” he says.

Other triggers for headaches and migraine can include disruptions in sleep routine, diet, skipping meals, dehydration, caffeine consumption and stress. Even positive stress can play a role.



After Sara Hammer visited a neurologist to help find a solution to her migraines, “I got my life and body back after two long years,” she says.

New Treatments, Better Future

The treatment plan for a patient can vary depending on their goals and tolerance of particular medications. In the past, all medications used for headache and migraine treatment were for prevention, including blood pressure medications, natural supplements, anti-depressants and seizure medications. But there are plenty of newer treatments on the horizon.

Sara says she’s had great results with Emgality, part of a class of medications that work by blocking the action of CGRP (calcitonin gene-related peptide) proteins that play a part in headaches and migraine.

She also receives Botox injections — 31 injections in 12 specific areas, including her forehead, ears, back of ears, temples and back of her neck. Together, she says, these treatments have changed her life.

“We can do very simple things to correct anatomic issues,” Kandula says, noting that almost all of them can be addressed in the office under local anesthesia.

Ralston uses both traction and red light therapy on patients, often with great success. These are also ideal for patients who have a difficult time with medication, he notes.

Sometimes, one type of treatment or medication isn’t the answer. “It’s a combination of treatments and educating patients in everything that can be playing a role,” says Schloemer. “And it’s coming up with that individualized, comprehensive treatment plan to get patients feeling better.”

While there’s no cure for genetic-based migraines, “there’s much that can be done to reduce severity, duration, and frequency of attacks,” Green says.

Growing Awareness

The number of people who suffer from headaches and migraine might be increasing, but it also might be that more are finally starting to seek help.



Photo courtesy of Fallon Schloemer, DO

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“A lot of people don’t realize there’s help out there,” says Schloemer. “This is something that affects a lot of people. Don’t feel like you have to suffer. The majority of my patients get so much better — they might have gone years suffering, but it’s life-changing once you find a path for them that gets them feeling normal again.”

No matter where a patient turns to treat headaches and migraine, part of the process involves choosing the treatment plan that’s best for them.

“In 2022 healthcare, it’s up to each individual to take control of their health and make sure that they are making wise choices,” says Kandula. “Be really mindful about where you’re going to seek out care. Make sure that you are your own best advocate, because no one else is going to be.” MKE