Migraine is an episodic disorder, most commonly consisting of severe headache, usually with photophobia (light sensitivity), phonophobia (sound sensitivity) and/or nausea (at times vomiting). It is one of the most frequent chief complaints presented to healthcare providers including neurologists and emergency medicine.

Migraine typically affects more women than men, often peaking during two phases of life: puberty and perimenopause. Migraine can lead to significant amounts of mental, physical, financial, medical, societal and personal burden when not properly addressed.

**Migraine Clinical Features**

Migraine as defined by the International Classification of Headache Disorders, third edition (ICHD-3), should include the following:

- At least five or more attacks in lifetime
- Headache attack lasting 4-72 hrs
- At least two out of four features
  - Unilateral location
  - Pulsating/throbbing quality
  - Moderate-severe intensity
  - Aggravation by/cause avoidance of routine physical activity
- At least one of the following features
  - Nausea and/or vomiting
  - Photophobia
Migraine Attack Phases

1. **Prodrome**: Commonly 24-48 hours prior to headache. Can include yawning, mood changes, food cravings, GI symptoms, increased sensitivities and/or neck stiffness

2. **Aura**: See list of migraine variants below for descriptions

3. **Headache**: See typical clinical features listed above; also keep in mind headache location often shifts around the cranium

4. **Postdrome**: Often feeling drained/exhausted, although at times mild elation or euphoria

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**How to Identify Migraine**

This is a quick screening tool you can use to identify migraine. Patients should present with at least two out of these three features.

- Disability (limits routine daily activity, work/school, social activity)
- Nausea
- Photophobia

*Note: Sensitivity of 0.81 (95% CI, 0.77 to 0.85), specificity of 0.75 (95% CI, 0.64 to 0.84) in a primary care setting*