

Migraine Variants

How to identify the many variants of migraine

There are several different migraine variants with their own unique features. Do not be afraid to ask your patient about the specifics of their migraine. Often patients will forget to be forthcoming about certain aspects of their migraine because they have “gotten used to dealing with it for so long,” and it is commonly ignored.



Migraine Clinical Criteria

All migraine variants meet the International Classification of Headache Disorders, third edition (ICHD-3), criteria:

- 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/causing avoidance of routine physical activity
- At least one of the following features
- Nausea and/or vomiting
- Photophobia

Migraine Variants

Probable Migraine

If headache meets most but not ALL ICHD-3 criteria for migraine, then call it Probable Migraine.

Chronic Migraine

If half of the days are of migraine severity/phenotype (≥ 15 days/month), for more than three months.

Status Migrainosus

A debilitating migraine attack equal to or greater than 72 hours in duration.

Migraine with Aura

- Migraine with aura presents with at least one or more fully reversible features
- Typical aura: visual, sensory, speech and/or language
- Other aura: motor, brainstem or retinal

Migraine with aura also requires at least three or more characteristics:

- At least one aura symptom spreads gradually over more than five minutes (if sudden onset, think about alternate etiology such as stroke/TIA, etc.)
- Two or more aura symptoms occur in succession
- Each individual aura symptom lasts typically 5-60 minutes
- At least one aura symptom is unilateral
- At least one aura symptom is positive (example: sensory tingling is positive, numbness is negative)
- The aura is accompanied or followed within 60 minutes by headache

Migraine with Brainstem Aura

This migraine variant requires at least two or more reversible features:

- Dysarthria
- Vertigo
- Tinnitus
- Hypoacusis
- Diplopia
- Ataxia not attributable to sensory deficit
- Decreased level of consciousness
- No motor or retinal symptoms

Hemiplegic Migraine

Fully reversible motor weakness and fully reversible visual, sensory and/or speech/language symptoms. This migraine variant can be familial or sporadic.

Retinal Migraine

- Repeated attacks of **monocular** visual disturbance (including scintillations, scotomata or blindness), associated with migraine headache
- Fully reversible, monocular, positive and/or negative visual phenomena confirmed during an attack by either or both of the following:
 - Clinical visual field examination
 - The patient's drawing of a monocular field defect
- At least two or more of the following:
 - Spreading gradually over at least 5 minutes
 - Symptoms last 5-60 minutes
 - Accompanied or followed within 60 minutes by headache

Although these are NOT considered to be “traditional migraine variants,” the diagnoses below are listed in the APPENDIX of the ICHD3:

Vestibular migraine

- Vestibular symptoms moderate-severe intensity
- Typically 5 minutes to 72 hours
- At least half of episodes associated with at least one of the following migraine features:
 - Headache with at least 2 of 4 features (unilateral location, pulsating, moderate-severe intensity, aggravation by/avoiding routine physical activity)
 - Photophobia and phonophobia
 - Visual aura

Menstrual migraine

- Occurs in at least two-thirds of menstrual cycles during the typical 5-day perimenstrual period from day 2 through three days after period begins (with day one as the first day of flow)