

An overview of migraine: clinical presentation and diagnosis

Migraine is a common disabling primary headache disorder affecting 10% of men and 22% of women. It is ranked as 7th highest cause of disability globally responsible for 2.9% of all years of life lost to disability. In a meta-analysis published in 2018 globally, migraine is the second highest cause of years lived with disability and is the primary cause of disability in adults under the age of 50.

It is a common misconception by patients and clinicians alike that you need to have aura in order to be diagnosed as having migraine. I plan to review the IHS classification of migraine with and without aura and set these in a clinical context for use on the consulting room.

Migraine is a high impact headache associated with symptoms and features. Making the diagnosis is about pattern recognition and how these symptoms and features present.

Migraine without aura can be summarised as a high impact, episodic headache associated with symptoms and features. The headache typically lasts 4 to 72 hours and patients are symptom free between each bout of migraine.

Patients with typical migraine aura experience fully reversible visual, sensory or motor symptoms developing over several minutes and resolving within the hour. Aura symptoms are complex and varied. Separating migraine aura and stroke can be a challenge in some circumstances and I will review the variable expressions of migraine aura.