VESTIBULAR MIGRAINE

INFORMATION FOR PATIENTS, CARERS AND DOCTORS

Bulleen Plaza, Shop 29, 109 Manningham Road, Bulleen, 3105.
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Intended Audience:

This brief educative tool will be of benefit to patients, their carers and treating doctors to aid discussion and common understanding. The information contained within this document is general and should not be considered medical advice. Please consult your doctor should you have concerns about your balance.

Vestibular migraine is the most common form of imbalance occurring in about 1% of the population with a female to male predominance of 5:1. The diagnostic criteria include a diagnosis of migraine, an active migraine disorder, episodic vertigo or imbalance and a time correlation between the symptoms. The time course is quite long in comparison to other balance disorders. The description of imbalance can be vague, sometimes a lightheadedness or as if the floor is moving. Rotational vertigo associated with head movement may be present but is relatively infrequent.

The average age of onset is 38 for females and 42 for males with migraine symptoms predating vertiginous symptoms by some 8 years on average. Benign recurrent vertigo of childhood is likely fitting into this category. Often there exists a family history of migraine, particularly on the maternal line.

Differential diagnosis can be assisted with the appearance of other migraine symptoms such as phonophobia and photophobia (aversion to sound and light respectively), with or without aura. It is not necessary to experience headache pain with the migraine being regarded as “silent”. The duration of imbalance corresponds with the duration of the migraine which can be for hours, days and sometimes weeks, whereas peripheral causations are motion related and/or time limited, in the order of minutes or seconds. Tinnitus and other aural symptoms of hearing and fullness are absent.

Treatment using preventative migraine medications is usually very effective. A time course without recurrence whilst under treatment can be reassuring as to the likely causation. Ongoing prophylactic medication is usually required. Vertiginous Migraineurs are more likely to develop Benign Positional Paroxysmal Vertigo (BPPV) which can be easily diagnosed and treated.

Further information:

Migraine Foundation Australia

T: 03 9331 7297

E: info@migraineassociationaustralia.org

Web: https://migrainefoundation.org.au/

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Brain Foundation

Suite 21 Regent House
37-43 Alexander Street
Crows Nest NSW 2065T: 1300 886 660 or +61 2 9437 5967

E: not provided

W: https://brainfoundation.org.au/

Headache Australia *(A Division of Brain Foundation)*

PO Box 579
Crows Nest NSW 1585

T: + 61 2 9437 5967

E: not provided

W: https://headacheaustralia.org.au/contact/

Concerns or Questions

Please feel free to contact ACE Audiology

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