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I’m delighted to welcome you to the latest edition of Migraine News in my new role as chief executive of The Migraine Trust.

I thought you might like to know a little bit about me.

I’m 44 and I live in Camberwell, London, with my partner, Lucy, and our little daughter, Matilda, who is about to turn three.

By the time you read this I hope to be a father for the second time. We’re expecting a little boy in April. So if this introduction ends abruptly you’ll know that we’ve had to dash to the hospital!

I’ve worked in the disability and health charity sector for over 15 years, trying to change national laws and policies to improve people’s lives.

I decided to apply for the role of chief executive at The Migraine Trust because members of my family live with migraine, I’ve worked with someone with migraine, and I know how awful a disease it is.

But I also applied because I think there’s huge possibility to make things better if we all work together and demand change.

As a new CEO I’ve got an awful lot to learn about migraine and I really want to hear how you think The Migraine Trust can help you most. What are the one or two things that would make the most difference to your life with migraine?

Please do let me know via feedback@migrainetrust.org. If I don’t reply immediately it’s because I’m cuddling a newborn and daydreaming about what his future might hold.

The Migraine Trust’s future is just as important to the many millions of people who are hoping for a better life for them and wishing that, if their children also have migraine, they are still able to fulfil their dreams.

Before you start writing your email to me, I hope you enjoy reading Migraine News and that it inspires you to think about our charity’s future and where you think we should go next.

Thank you very much in advance for all your thoughts and ideas and I look forward to reading them soon.

Gus Baldwin, Chief Executive
The recent announcement by the Scottish Medicines Consortium (SMC) that Aimovig (erenumab) has been accepted for restricted use within NHS Scotland for the treatment of adults with chronic migraine, is a very welcome and important milestone for migraine treatment.

Aimovig is one of a new generation of migraine treatments, the first preventive medication that is dedicated to treating the condition.

Patients will be eligible to use the drug when at least three prior preventive treatments have failed.

People with migraine who qualify under these criteria should speak to their healthcare professional. If their healthcare professional thinks that Aimovig is the right medication for them, they can now be given the treatment by prescription on the NHS in Scotland.

The SMC acceptance follows a draft rejection of Aimovig for routine NHS use in England by the National Institute for Health and Care Excellence (NICE) at the start of the year. We and many migraine patients and healthcare professionals were very disappointed.

The NICE appraisal of Aimovig is ongoing, with final guidance expected to be published shortly. We hope that NICE will follow the SMC’s lead and approve Aimovig for use in the treatment of migraine.

The Migraine Trust is delighted to announce that Michelle Walder has been appointed as our new chair, and Gus Baldwin our new chief executive. Michelle takes over from Ian Watmore, who has been chair of the charity for the last ten years, and Gus replaces Wendy Thomas, who became our chief executive in 2006.

Michelle is a co-founder of TXG, the first coaching brokerage business in the UK. She is also a non-executive director of the Hay Festival of Literature and the Arts and a director of Brighton and Hove Albion Football Club.

Gus joins The Migraine Trust from the UK Faculty of Public Health, where he was director of policy and communications. He has previously led the public affairs team at Macmillan and corporate affairs team at Leonard Cheshire Disability.
New SIGN guidelines

A patient booklet for people with migraine and their carers has been published by the Scottish Intercollegiate Guidelines Network (SIGN). The booklet explains SIGN’s new clinical guidelines on the pharmacological management of adults with acute migraine, and prophylaxis for patients with episodic or chronic migraine or medication overuse headache. The guidance and patient booklet can both be downloaded at sign.ac.uk

Migraleve stock issues

The manufacturers of Migraleve Pink tablets have announced that they are temporarily out of stock. They have said that they are working hard to resolve this situation and that Migraleve Yellow tablets are unaffected. If you take Migraleve Pink, we recommend that you speak to your GP or neurologist about other migraine medicines that you can take until Migraleve Pink is back in stock. We will update you once we have further information about Migraleve Pink.

Migraine care in Lothian

There is currently no access to specialist headache services in Lothian. This is a service provided in many other Health Boards in Scotland but unfortunately other boards will no longer accept patients from Lothian for treatment. The only alternative for patients seeking specialist care for migraine is to pay to access it privately.

We will be meeting with MSPs and patients in the Scottish parliament to talk about this situation and seek support for the re-establishment of a local headache service. Let us know if you would like to attend this event that will be taking place in Holyrood (room TG20/21) at 10am on Thursday 2 May. You can email Una Farrell at ufarrell@migrainetrust.org.
The award will support a three-year studentship commencing this Autumn. It is intended to support a PhD candidate’s early career in migraine research, to enable an institution with experienced migraine researchers to recruit a science graduate to support their research, and to expand the existing scientific knowledge of migraine to benefit people affected.

Applications are being reviewed by members of our Scientific Research Committee and our Board of Trustees will be making a final decision. We look forward to telling you more about the successful application in the next edition.

At the heart of what we do is our drive to find better treatments for migraine and ultimately identify a cure. Medical research is a long-term endeavour and it can take many years to achieve a breakthrough. Added to this is the fact that migraine studies remain a grossly underfunded area of neurology.

By leaving a gift in your Will to The Migraine Trust you can help to ensure we have sufficient funding in the future to maintain our investment in research and continue to be a powerful advocate for everyone affected by migraine.

Last year we spent £68,000 to facilitate dedicated research into the causes and potential treatment of migraine and the outcomes of this work look very encouraging. Past research has:

• Funded brain imaging studies to understand the neurological pathways of migraine
• Identified pain nerves in the head as being crucial targets for migraine treatment, paving the way for drugs called triptans to move from a blood vessel to a brain target
• Explored and developed new preventive treatments that act on the organic chemical molecules in the brain (calcitonin gene-related peptides) associated with the pain of migraine

With greater funding we could invest more substantially and further progress the understanding of migraine. Any gift you feel able to leave to The Migraine Trust will be incredibly valuable to us as we are almost wholly funded by voluntary donations.

Writing a Will might seem daunting but it can be a very straightforward process and it will give you peace of mind that those close to you will be looked after as you wished. A gift in your Will to a cause you care about is a powerful way to pledge your ongoing support and help the work to continue to benefit future generations. Please consider including The Migraine Trust in your Will.

If you would like to know more about how you can support The Migraine Trust in this way please call Rebecca on 0203 9510 150 or email rwood@migrainetrust.org
Scientists, pharmaceutical representatives and clinicians from around the world came together to discuss the latest developments surrounding migraine at the 17th Migraine Trust International Symposium (MTIS).

The 2018 symposium was opened by the renowned scientist Dr Gisela Terwindt lecturing on ‘Migraine and Women’, noting in particular the effect of hormones on migraine and the impact that these have on the lives of women, including herself.

The packed four days consisted of lectures from scientists and clinicians, poster sessions, industry supported sessions and trainee tournaments.

Attendees had the opportunity to broaden their knowledge of headache and migraine through teaching courses with lectures on topics from photophobia in the scientific session, taking history in young children in the clinician session and headache patient advocacy in the nurse session.

Biomedical science student Laura Weatherby shares highlights of last Autumn’s symposium
New treatments

Sharing findings and supporting up and coming young researchers and clinicians was a clear theme of MTIS and it is obvious that, people with migraine and the goal to identify new treatments, are at the heart of it all.

The new anti-CGRP (calcitonin gene-related peptide) migraine treatments were an important component of the symposium. These treatments use antibodies to target CGRP which is involved in the transmission of pain and has been linked to migraine. Professor Peter Goadsby led a question and answer session in which clinicians and scientists exchanged ideas on the topic of CGRP and the potential benefits of this new treatment.

Public day

Because migraine sufferers are at the heart of The Migraine Trust’s work, the event in London opened its doors to the public for an enlightening afternoon. The special public programme included highlights from the symposium, talks on new developments and a question and answer session with migraine specialists, all tailored to migraine sufferers and carers.

Attendees were treated to talks on the latest research by clinical research fellow Dr Nazia Karsan as well as The Migraine Trust’s PhD students, Joseph Lloyd and Lauren Strother, on topics from differences in blood flow in the brain prior to a migraine attack, the effect of circadian rhythm on migraine, and mechanisms by which transcranial magnetic stimulation and other neuro-modulatory migraine treatments work.

The new anti-CGRP treatments were discussed with great excitement, along with other new treatment possibilities that are on the horizon.

The 17th Migraine Trust International Symposium was a fantastic success thanks to the hard work of all those at The Migraine Trust. MTIS was the first symposium I ever attended and it is safe to say it didn’t disappoint.
We have created a Meet-up pack to support people with migraine in organising social events with their friends and family. Request your Migraine Meet-up pack by completing the form in the enclosed leaflet or call Sean on 0203 9510 150 (press option 3 when prompted).

We are very concerned about the high numbers of people with migraine who are left isolated because of the condition. Many of the people seeking our help tell us that they feel lonely and isolated because of their migraine.

We ran a survey to understand the problem further and found that 90% of people with migraine say that it leaves them feeling isolated.

The survey of over one thousand people with migraine also found that 75% of people with migraine avoid agreeing to attend social events because they are concerned that they will get migraine and be unable to attend. Asked how often they missed out on social events because of migraine, 34% said weekly, 41% said monthly, 18% said quarterly, and 5% said annually.

Explaining how migraine affects her social life, one woman with migraine said:

“Most people do not understand how debilitating migraine is, people assume that I’m just anti-social and don’t like going out, which is not the case. I choose to remove myself from most social situations because migraine always wins. It leaves me feeling isolated and alone on a weekly basis.”

We are encouraging people with migraine who feel isolated to invite your friends and family to your home for a small gathering as a way to combat your isolation. Those close to you will understand if you have to cancel because you get a migraine.

You can invite them for tea and biscuits or whatever you like. The main thing is to take that important step in overcoming your isolation.

Concern about high numbers of people left isolated because of migraine

90%

of people with migraine say that it leaves them feeling isolated

75%

of people with migraine avoid agreeing to attend social events
Deborah Sloan describes how she organised a wonderful Meet-up for her friends and family:

I have to admit to that old feeling of trepidation as I emailed invitations to my first Migraine Meet-up. The fear of having to cancel at late notice when the ‘Dreaded Big M’ strikes again is a constant part of my thought process whenever I make any work or social arrangement. But the great thing about this event was that, of all invitees, those to a Migraine Meet-up would be the very ones who would be most understanding.
My Meet-up invitees included migraine sufferers, their (and my) family and friends. My drawing skills are appalling but the invitation included a sketch of exactly what the Meet-up was about: tea, cake and support. On the morning of the Meet-up I did that slow, waking ‘head check’ that many migraine sufferers will be familiar with. No migraine. Hallelujah! I put the oven on to bake my scones.

As my guests arrived I joked that they didn’t actually have to ‘talk migraine’ but it was heartening to find that everyone was willing to share their migraine story either as a sufferer or as a friend or relative of someone who lives with the condition. As the tea flowed, so too did questions about how best to support a migraine sufferer, the sharing of coping strategies and tips on how to find out about the latest treatment developments and breakthroughs. Of course, as with any social occasion, the conversation weaved its way around many topics and anecdotes… and there was lots of laughter.

What I realise is that the Meet-up offered a really special opportunity to openly and honestly share the experience of migraine, to create something enjoyable and positive out of migraine and, importantly for me, to have a way of thanking those people in my life who really ‘get it’ and support me unconditionally.

If you decide to host a Migraine Meet-up at home here are a couple of tips that might keep stress to a minimum and maximize your enjoyment.

• If some of your invitees are not familiar with migraine, don’t feel guilty about letting them know that you might have to cancel on the day if a migraine hits. This is part of the reality of a migraine sufferer’s life.
• Choose a time that suits you best. I decided that late afternoon would give me time to prepare in a leisurely way.
• Keep the ‘guest list’ manageable. I invited seven people - you might feel comfortable with more or less.
• Focus on fun and not faff. Mugs of tea and shop-bought buns and biscuits are more than fine. I happen to find baking therapeutic so I made some scones (the recipe is on the next page).
• Collate everyone’s phone numbers in advance and enlist the help of a friend or family member to contact everyone should the worst happen and a migraine hits. This is when group texts or WhatsApp come into their own.

Hosting a Meet-up was a really positive experience. I feel it helped to raise awareness of this debilitating illness. If through the Meet-up, one of the guests felt more confident about supporting a loved-one or colleague, the Meet-up did its job and baking those scones was worth it!
**Deborah’s ‘Legacy’ Scones**

This traditional Scottish scone recipe is based on one passed down by my great-grandmother, through my grandmother to me. Over the years I’ve adapted it (e.g. addition of yoghurt) and you can add so many flavours other than raisins – citrus fruit rind, coconut, lavender sugar. Don’t stress too much about being exact about the ingredient amounts – the more scones you bake, the more you get a feel for the mixture! The scones seem to freeze quite successfully.

### Ingredients
- 200g self-raising flour
- Teaspoon baking powder
- 50g butter or margarine
- 50g golden caster sugar
- Handful of raisins
- 120g plain yoghurt (full or half-fat)
- 2 eggs (1 for glazing)

### Method

1. Preheat oven to 200º.
2. In a large bowl, mix flour with baking powder and rub in butter or margarine.
3. Add the sugar and raisins.
4. Mix one of the eggs with the yoghurt and stir mixture into the flour, butter and sugar mix, two dessert spoons at a time.
5. Stir with a spoon to start with until the mixture starts to bind then continue mixing with your hand.
6. Continue to add yoghurt and egg mixture until you have a ball of dough that is not too sticky. Add more yoghurt or flour as needed.
7. Put dough onto a floured surface and pat (don’t roll) it down until it’s about 2.5cm deep.
8. Take a cookie cutter (the rim of a cup is equally good), dip it into some flour so the dough won’t stick and cut out the scone rounds, placing each on a baking sheet as you go.
9. Keep ‘re-forming’ the dough and cutting rounds until you’ve used all the dough.
10. Lightly beat the other egg and brush onto the tops of the scones.
11. Scatter a little sugar over the tops of the scones.
12. Place baking sheet onto the middle shelf of the oven and bake for 10-15 minutes and keep your eye on the scones and remove when they look a biscuit brown.
13. Enjoy with butter and/or jam and cream (or crème fraîche).
We thought that we would share and answer some of the questions from the MTIS public day

Is there a link between migraine and stroke?

While several studies have shown a relative increased risk of stroke in young women with migraine compared to people without migraine, in absolute terms this risk remains extremely small since stroke is rare in young people.

The mechanisms explaining a migraine-stroke association remain poorly understood. Migraine affects three times the number of women than men. Several studies have shown that there is a very small increased risk of ischaemic stroke in women under 45 years old, who have migraine with aura.

This vulnerability may be increased by other factors like oral contraceptive use, smoking and high blood pressure. For people with migraine concerned about a potential risk, this can be addressed by seeing your GP for a general assessment of stroke risk, which will take into consideration your health - genetic, cardiovascular and lifestyle factors, which may have greater significance than the presence of migraine with aura.

Is there a risk of stroke during a migraine attack?

Understandably, some people are afraid that their migraine is a symptom of a stroke and others worry that they are more at risk of a stroke during a migraine attack. There is little evidence to suggest that a stroke is more likely to occur during a migraine attack than at another time. Migraine is common and in some people, migraine and stroke appear together but the nature of the causal relationship, if any, is difficult to establish.

Migrainous infarction is the term given to an ischaemic stroke occurring during a migraine attack. In this condition, aura symptoms are prolonged and ischaemic stroke is confirmed by being shown on a brain scan. However, research suggests that such a stroke would be independent of the migraine attack. It is also possible for a person to have a stroke but for this to have been mistaken for a migraine attack. The migraine aura can mimic transient ischaemic attacks (TIAs). Furthermore in stroke, headache similar to migraine may occur.

Brain Lesions: While there is evidence that brain scans of people with migraine will sometimes detect changes in the form of white matter lesions, a review of the literature on migraine and structural changes in the brain from 2013*, indicates that these lesions are generally not associated with any neurological problems and don’t indicate any increased risk of cognitive (thinking) decline. Owing to the low risk, many experts say migraine patients who have regular normal physical examinations do not need to get regular brain scans.

In fact, managing the pain and associated symptoms of migraine attacks should be the treatment priority. Maintaining a headache diary of symptoms (frequency, duration, severity) over a period, will be beneficial in getting the diagnosis and treatment right.

Medication overuse headache (MOH) is headache that results from the frequent use of painkillers or acute relief medicines. Acute medicines, especially when taken early, can be very effective to treat and abort migraine attacks.

People who are prone to headaches can develop MOH, generally those with migraine or a family history of migraine. It is not typically seen in people taking painkillers for reasons other than headaches, such as arthritis or back pain.

MOH presents as a vicious cycle and initially when the medication is stopped, worsenings occur. These will then be relieved by taking more painkillers, usually to enable people to return to function, and the cycle continues. The overuse of acute migraine drugs can also stop preventive migraine medications from working and long-term use of acute drugs may be damaging to the liver and kidneys.

Treatment for this condition is stopping the medication. When stopping the overused medicines, withdrawal symptoms are common (e.g. nausea, sleep disturbance, worsened headache, agitation). The withdrawal process is very individualised and based on the types of drugs you are taking. Some people will stop the drugs immediately, others may taper them and others may even need to be hospitalised for detoxification under medical supervision. Keeping well hydrated and managing the withdrawal symptoms with your doctor’s plan and supervision is crucial. Once the withdrawal is complete, it is possible to use painkillers again, by restricting the number of days used (Table 1). The underlying migraine will also need to be addressed, for example by taking a preventive medicine for a period, to control migraine symptoms and to limit the need for painkillers.

### Table 1: MOH risks to avoid by medicine (criteria of the International Headache Society)

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>MOH RISK (taken ≥3months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple analgesia e.g. Paracetamol, Ibuprofen, Aspirin</td>
<td>≥15 days per month</td>
</tr>
<tr>
<td>Triptans e.g. Sumatriptan, Zolmitriptan, Frovatriptan</td>
<td>≥10 days per month</td>
</tr>
<tr>
<td>Codeine and Opiods e.g. Tramadol, Dihydrocodeine</td>
<td>≥10 days per month</td>
</tr>
<tr>
<td>Combined painkillers e.g. Solpadeine, Cocodamol</td>
<td>≥10 days per month</td>
</tr>
<tr>
<td>Ergotamine</td>
<td>≥10 days per month</td>
</tr>
</tbody>
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Preventive medicines can be very effective to control frequent, troublesome migraine. They work by reducing the severity and/or frequency of migraine symptoms and may need to be taken for several months to derive adequate benefit.

However, many people find that they develop intolerable side effects (with or without benefit) which can become problematic. The goal of preventive treatment is to improve quality of life and ability to function. It is not desirable to swap one set of disabling symptoms for another and as such potential side effects need to be balanced carefully.

All medicines have the potential to produce side effects but people may develop these to varying degrees. Sometimes they are milder and more tolerable and resolve over a period of slow dose escalation. With all treatments, a daily headache diary should be maintained.

These are some of the non-drug options available:

1. **Supplements** - Riboflavin (400mg per day), Coenzyme Q10 (400mg per day) and Magnesium (600mg/day) may be effective in reducing migraine frequency and intensity. These supplements are believed to play an important role in the production of energy in cells and a deficit of these nutrients has been suggested to have a role in generating migraine. However, the reported studies were small and larger studies are needed to provide stronger evidence. There are minimal/milder side effects associated with these.

2. **Acupuncture** - A recent review of the evidence (2016*), concluded that adding acupuncture to acute treatments may reduce the frequency of headaches, though the effect was small. (*Cochrane Database Systematic Review 2016 Jun 28;(6):CD001218*).

3. **Single-pulse transcranial magnetic stimulation (sTMS)** - This is a safe, non invasive device treatment option. It involves placing the sTMS device against the back of the head for less than a second to deliver a very brief pre-set magnetic pulse. sTMS is designed for self-administration at home and with regular treatment, it can provide acute and preventive migraine treatment with minimal side effects. There is a rental cost involved and limited NHS cover at present. It needs to be prescribed by a headache specialist doctor. Typically, the headache doctor will recommend a three month treatment period initially, supervised by the headache clinic, to determine the effectiveness and duration required.

For more information on accessing treatments, please visit: migrainetrust.org/accessing-treatment

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*FREQUENTLY ASKED QUESTIONS*

**I worry about the side effects I get with all the preventive medicines I have tried. Is there anything else I can take?**
Chris Southgate felt powerless at seeing his wife Cheryl suffer with migraine so he decided to raise funds for migraine research.

After graduating from university in 2010 and then embarking on a medical degree, it was under the pressures of written and practical exams, and long hours on hospital placements often (as is life for junior doctors) with no time to eat or drink, that clusters of migraine became a real challenge to meeting university commitments. This led to her collapse on a ward.

Diagnosed at the time with burnout, Cheryl took a year out, but from this point, was regularly experiencing the full debilitating suite of migraine symptoms on an almost daily basis. And whilst the symptoms continued unabated, Cheryl was forced to make the difficult decision to not to return to complete her studies.

GPs tried blood pressure medication, anti-epilepsy medication, anti-depressants, pain relief, as well as migraine treatments which at the time felt like a terrible choice between having migraine or having fewer migraine but trying out a selection of drugs with increasingly awful side-effects.

Dry eyes, dry mouth, dizziness, nausea, loss of appetite, not to mention severe mood swings meant additional medications to mitigate, as well as knowing these medications were not supportive of family planning. In all it was a painful journey to secure a neurology referral as someone with chronic migraine resistant to medication.

My wife Cheryl has experienced migraine as long as she can remember. It’s been intermittent but dismissed as one of those things some people get sometimes. Unfortunately in the past five years or so it had become a chronic condition.
It was at this point towards the end of 2017, without being able to directly help the symptoms, I wanted to do something. Our search for help and an improvement had been long and extensive, and the challenge of supporting Cheryl through the low points, whilst holding a stressful professional services job was at times overwhelming, and I had stopped taking the time to look after myself.

It seemed appropriate then to set a challenge to keep some focus on getting outside and exercising, and raising some money for The Migraine Trust so that it can continue to support, research and advocate for sufferers of the condition.

After a little planning, a lot of training and epic support from colleagues, friends and family, I am so proud to have raised over £1,200 for The Migraine Trust, running a number of challenging off-road trail races throughout 2018. This included the Scafell Sky Race, a 42km race over the technical trails of the Lake District, taking in 3,000m of ascent, and finishing a respectable 100th place out of 300 in eight and a half hours.

The outlook is now more positive. A surprisingly simple ‘nerve block’ injection (or two small injections at the base of the skull) every three months for the last two years has been enough to bring the migraine frequency down from 25-30 per month to closer to ten.

In the absence of a specific treatment for such cases this is considered a success, but of course the improvement is nonetheless welcome and is allowing Cheryl the opportunity to explore her creative talents at home, drawing and painting commissions. Moving on from medication also means we’re delighted to have welcomed into the world our first baby, Clara, born recently in January 2019.

Over this time, we’ve also looked at a number of alternative strategies to alleviate migraine symptoms, and are hoping for continued improvement from a low-carb diet, specifically with a greater alkaline pH balance from more greens and fewer sugars, which seems promising. Some research also suggests cold showers can help too, but convincing anyone to commit to that is another challenge!
Thank you for your support!

We are so grateful for the commitment and generosity of all our supporters. We couldn’t provide our support services or fund ground-breaking research into migraine treatments without you.

Chris Southgate
A huge thank you to Chris for his fantastic year of fundraising in 2018. He completed nine gruelling running challenges, including the Scafell Sky Race. Through his determination and endurance Chris has raised a wonderful £1,200 for The Migraine Trust.

Elkie & Ella
Elkie & Ella organised a Migraine Meet-up at their school and made and sold cakes to their friends during break time, raising £40. They also used our website to research facts and figures about migraine to put together a presentation which they delivered to their class about migraine and how it affects them to help raise awareness.

Johanna Espach
Johanna has lived with migraine since she was 13 and suffers disabling attacks each month which can last up to three days. Johanna raised an incredible £351 for The Migraine Trust by swimming a hugely impressive 14km in the Henley Marathon last year.

Conner Ladley
Conner suffers from chronic migraine, meaning he experiences migraine at least 15 days in every month. He is struggling to find effective medication but is hopeful that ultimately a cure for migraine will be found. In order to support our vitally needed neurological research Conner took part in running the River Ness 10k and raised a much needed £294 for us.

Jenni Gould (pictured)
Jenni has struggled with her migraine for over ten years and chose to support The Migraine Trust by undertaking two adventures. She completed an impressive 26 mile walk in the Cotswolds and also whizzed down the fastest zipline in the world, raising £283!
The Migraine Trust is the largest charity dedicated to leading the fight against migraine in the UK. We exist to transform the lives of people who suffer from migraine. We do this by funding and promoting research, providing support and information, and campaigning for people affected by migraine. Visit our website to subscribe to email updates and news, access migraine information and to learn more about The Migraine Trust including our support services, research and events.

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Specsavers Tewksbury
The Migraine Trust was very grateful to be chosen by the Tewksbury branch of Specsavers to benefit from their fundraising efforts in 2018. Specsavers colleagues and customers have raised £132.

Dawn Oldale
Dawn and her friend Zoe take some beating in the endurance stakes. Together they took part in an energetic six hours of continuous Zumba in support of The Migraine Trust and raised an incredible £600 for their efforts, doubling their original fundraising target. Dawn and her daughter, who is just five, both suffer from hemiplegic migraine.

London Landmarks Half Marathon
Please support our team of runners who took part in the London Landmarks Half Marathon on 24 March. You can make a donation on their fundraising pages listed below or you can call us on 0203 9510 150 (press option 3 when prompted).

Edwin Price: www.justgiving.com/fundraising/edwinpriceonlondonlandmarks
Helen Reid: www.justgiving.com/fundraising/helen-reid23

Gail Emmerson’s Marathon
We are all behind our friend Gail who is taking the plunge and running the London Marathon this year to raise awareness and funds for The Migraine Trust. Gail has regular migraine, which are so severe that they cause her to have to stay in bed for a couple of days every month. She’s lost days of her holidays, and even her honeymoon, to migraine.

Gail has a family history of migraine as her grandmother, father and sister have all been affected by the condition. Her father was forced into taking early retirement through ill-health as a consequence of his employer failing to provide adequate support and flexibility.

"I hate my children seeing me feeling unwell and not able to give them the attention they deserve when I’m having a migraine. I started running and was pretty much hooked instantly. After I completed my first half marathon the buzz it gave me was incredible but the best thing was that my dad, husband and children had seen me do something amazing. It’s so important to me that I show my children that I can push myself and not give up even when there are days when I don’t feel like going out.”

Gail will be proudly running the London Marathon on 28 April 2019. Please support her by giving a donation on her JustGiving page: www.justgiving.com/fundraising/gail-emmerson1.
Your details

Title: First name: Surname: 
Address: 

Postcode: 
Email: Telephone: 

Your donation

I wish to make a single gift of
- £48 – to cover the cost of responding to an enquiry made to our support services
- My chosen amount of £_______
- I enclose a cheque/CAF voucher made payable to The Migraine Trust OR
- Please debit my credit/debit card Complete details below

Card type: Maestro Visa Mastercard Delta CAF
Card holder’s name: 
Card number: ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ 
Valid from: / Expiry date: / Security number: 
Issue number (Maestro cards): 
Signature: Date: 

I wish to make a regular gift of £_______ a month/a year Please delete as necessary.

Instruction to your bank or building society to pay by Direct Debit

Service User Number: 838322
Please pay The Migraine Trust Direct Debts from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction will remain with The Migraine Trust and details will be passed electronically to my bank/building society.

Bank/Building Society name: 
Bank/Building Society address: 
Name of account holder(s): 
Account number: Account Sort Code: 
Signature(s): Date: 

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Please complete the form below to Gift Aid your donation

Gift Aid Declaration
Boost your donation by 25p of Gift Aid for every £1 you donate.

- I want to Gift Aid my donation today and any donations I make in the future or have made in the past 4 years.
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Please notify us if you wish to cancel this declaration, you have changed your name or home address or you no longer pay sufficient tax on your income and/or capital gains.

Staying in touch
We will securely record the information you have provided to process your donation and to keep you updated with developments in migraine research and treatment. Please select from the options below how you would like to hear from us.

- Monthly e-bulletins Email address: ____________________________
- Twice-yearly updates by mail (including details of our Managing Your Migraine events)
- Biannual journal Migraine News (minimum annual Direct Debit donation of £30 required)
- Please do not contact me by email
- Please do not contact me by mail

We will process your personal information for specific purposes which may include collecting your donation, sending you information you have requested, and ensuring we are working efficiently as a charity that supports people living with migraine. We will never sell or swap your personal information with a third party without your consent. Examples of how we may process your data can be found in our Privacy Policy, which you can access on our website at migrainetrust.org/privacy-policy or alternatively you can request a copy by emailing ufarrell@migrainetrust.org.

You have the ability at any time to request that we no longer process your personal information by emailing info@migrainetrust.org. If you do opt out please bear in mind that this will limit our ability to carry out tasks for your benefit.

To find out more about The Migraine Trust, and to support our work, visit www.migrainetrust.org/support-us.

Please return this form to: Freepost RUAE-EGGG-KXKG, The Migraine Trust, Mitre House, 44-46 Fleet Street, London EC4Y 1BN.