

NEUROLOGY WAIVERS

CONDITION: MIGRAINE (ICD9 346.9)

Revised February 2002

AEROMEDICAL CONCERNS: Migraine headache may be incapacitating if not distracting for flight. Visual and other aura, nausea and vomiting, transient neurologic deficits (which may include aphasia, hemisensory and hemimotor impairment, vertigo, syncope, confusion and disorientation) may accompany migraines and are of obvious concern. (Also see Headache APL)

WAIVER:

Initial Applicants (Class 1A/1W): Exception to policy is usually not granted but may be considered if the individual has been symptom free for 12 months on no medication and the information required below reveals no underlying problems.

Classes 2F, 3, and 4: Waivers may be granted provided that the information required below reveals no underlying medical problems and will depend upon whether the condition will effect general performance and the risk of recurrence.

Rated Aviation Personnel (All Classes): Waivers may be considered on a case-by-case basis. Waivers are usually not recommended if visual or other neurologic symptoms accompany the headaches, but final determination with regard to aviation duties will be based on effects on general performance, special senses, and the risk of recurrence. The specific nomenclature or diagnostic label of the headaches is not the key factor for determining fitness for aviation duty.

ICD9 Code Condition

346.0	Migraine with aura (Classic Migraine)
346.1	Migraine without aura (Common Migraine)
346.8	Other forms of Migraine (Ophthalmoplegic)

FOLLOW-UP: Annual neurology or internal medicine consultation required.

INFORMATION REQUIRED:

- Neurology consultation,
- AMS listing the timing, duration, frequency, triggers, and predictability of episodes,
- FDME- complete physical examination to rule out secondary causes,
- Brain imaging- CT with contrast or MRI to evaluate for structural disease when indicated by history or exam; and,
- Ophthalmology evaluation in the case of visual disturbances.

TREATMENT: Although there are many effective pharmacologic treatments for migraine, most are incompatible with waiver. Standard migraine therapy includes prophylactic, therapeutic, and abortive measures. The first line of prevention is avoiding known triggers.

DISCUSSION: Those patients who have returned to flying duties claimed to have had no symptoms for periods ranging from 6 months to several years. This suggests that the original diagnosis was incorrect, that our understanding of the natural history of migraine is at fault or that symptoms are being deliberately suppressed in order to return to flying. The International Headache Society criteria for migraine without aura include: episodic attacks of headache lasting 4-72 hrs, with two of the following symptoms: 1) Unilateral pain, 2) Throbbing, 3) Aggravation on movement, 4) Pain of moderate or severe intensity, and either nausea/vomiting or photo / phonophobia. Diagnosis is almost entirely dependent on the individual's description of the attacks. Migraines often begin in adolescence then may remit for several years, usually returning by mid-life. The prevalence of migraines is 11% overall with 6% among men and 15-18% among women. At least 70% of migraineurs have a family history for the same. Less than one third of patients have "classic" migraine with visual aura, but nearly one half will have paresthesias with their attacks. Vertigo occurs in about 10% of the cases. Auras typically last 15 - 20 minutes and are followed by unilateral, throbbing headaches associated with photo- and phonophobia, nausea, anorexia and torpor. Most patients prefer to lie in a dark quiet room for relief. Precipitants for migraine may include dairy products, chocolate, MSG, nitrates (preserved meats), tyramine (aged cheese, pickled herring, yogurt, fava beans), sleep deprivation or other chronobiologic challenges such as altered sleep patterns, or extended sleep periods, hormonal changes, osmotic stimuli, (e.g. cigar smoke, perfumes, oils), food deprivation, barometric pressure changes, ice cream and invariably, alcoholic beverages. Digital pressure applied to the temples, cold packs and caffeine may be beneficial. Many patients have a history of car sickness in childhood.

REFERENCE: American Academy of Neurology, *Multispecialty Consensus on Diagnosis and Treatment of Headache, "Headache Guidelines."*
www.aan.com/public/practiceguidelines/