



CAA FAST FACTS FOR PRIMARY CARE

Vestibular Migraine

1. What is Vestibular Migraine?

- Vestibular migraine is defined as episodic dizziness (vertigo) and imbalance intertwined with migraine headaches (neurologic condition) but not always accompanied by the headache.^{1, 4}
- It is the **second most common** cause of vertigo.^{1, 2}
- Vestibular migraine can affect a patient's daily life, including their ability to drive, work, and travel.²
- Previously referred to as migraine-associated vertigo/dizziness, migraine-related vestibulopathy, or migrainous vertigo.³

2. Patient Groups, When, and Why Does It Occur?

- It affects women 5 times more than men, typically in late 30s or 40s with a history of migraine and motion sickness.²
- Tends to run in families, similar to other migraine syndromes.⁵

3. How Does It Develop?

- Common triggers include stress, anxiety, dehydration, poor sleep quality or fatigue, hunger, hormonal changes (e.g., perimenopause), motion triggers (e.g., unexpected movement), and complex or busy visual stimuli (e.g., patterns, crowded environments, movie screens).¹
- Certain foods can also trigger vestibular migraine (e.g., aged cheeses, smoked/cured meats, foods prepared with soy sauce/vinegar/yeast extracts, pickled/fermented foods, artificial sweeteners, alcohols, dark chocolate, cocoa, peanut butter, excess caffeine).¹



4. Symptoms and Warning Signs

- Vestibular symptoms include spontaneous vertigo; sensation of falling, ground moving, rocking, swaying; positional vertigo with head movement; visually-induced vertigo by complex or large moving visual stimulus; head motion-induced vertigo; head motion-induced dizziness with nausea.³
- Patients can experience phonophobia, photophobia, brain fog, fatigue, difficulty finding words, dry mouth, sweating, diarrhea, excessive yawning, tingling, scalp tenderness, and visual blurring.^{2,3}
- Vestibular migraine can cause vestibular/balance symptoms with/without a headache.⁵
- Diagnosis is likely if you have at least 5 episodes of moderate to severe symptoms lasting between 5 minutes and 72 hours, and at least 50% of the episodes include at least one of the following¹:
 - Headache with at least two of the following: (1) unilateral location, (2) pulsating quality, (3) moderate or severe intensity, or (4) aggravation by routine physical activity
 - Sensitivity to light and/or sound
 - Visual aura
- **A differential diagnosis of vertebrobasilar transient ischemic attack (TIA) must be considered, particularly in elderly patients.**³

5. Prevention

- Identification and avoidance of triggers, but not all episodes have triggers.^{2,4}
- Stress relief, adequate sleep, and exercise.⁴
- Recommend hearing test and vestibular assessment due to overlap of vestibular migraine with Ménière's disease.⁶
- Emerging research being published on migraine headache prevention protocol.⁸

6. Treatment and Management

- Two types of treatment: abortive and preventative.⁹
- Preventive medications include triptans⁷, anticonvulsants, beta adrenergic blockers, calcium channel blockers, tricyclic antidepressants, butterbur extract, and magnesium.⁴
- Vestibular suppressant medications are helpful.⁴
- Goal is a 50% reduction in attacks.⁴

7. Additional Resources

- Balance & Dizziness Canada – [Vestibular Migraine](#)
- Migraine Canada™ – [Vestibular Migraine](#)

8. Contact an Audiologist

- Audiologists are important members of the primary care team and are experts in hearing and balance (vestibular) assessment and management. Visit [Find An Audiologist.ca](https://findanaudiologist.ca)



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Resources:

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