

Ocular Migraines

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Ocular migraines are painless, temporary visual disturbances that can affect one or both eyes. Though they can be frightening they are typically harmless and self-resolve without medication within 20 to 30 minutes. If an ocular migraine disturbance is followed by a throbbing, one-sided headache, this is called a "migraine with aura". A migraine without a visual disturbance preceding it is called a "migraine without aura". Migraine auras usually are visual in nature, but they can include disturbances of hearing, speech or smell; progressive numbness or tingling in the face or arms or legs; or generalized weakness. Painless ocular migraines can appear suddenly, creating the sensation of looking through a cracked window. The accompanying visual distortion spreads across the field of vision and usually disappears within 30 minutes.



Ocular Migraine Symptoms

People with ocular migraines can have a variety of visual symptoms. You might see a small, enlarging blind spot in your central vision with bright, flashing or flickering lights, or wavy lines surrounding the blind spot. The blind spot usually enlarges and may move across your field of vision. This entire migraine phenomenon may end in only a few minutes, but usually lasts up to 30 minutes. About 60 per cent of migraine sufferers also experience a "prodrome" that occurs days or weeks before the migraine attack. Symptoms of a migraine prodrome can be subtle and may include changes in mood, cravings for certain foods, or a general feeling of being tired.

What Causes an Ocular Migraine?

Ocular migraines are believed to have the same causes as headaches. Migraines "almost certainly" have a genetic basis. It appears migraines are triggered by activation of a mechanism deep in the brain, which releases inflammatory substances around the nerves and blood vessels of the head and brain. But why this happens and what brings about the spontaneous resolution of an ocular migraine

remains unknown. Imaging studies have revealed that changes in blood flow to the brain occur during ocular migraines and visual auras, but the underlying cause. Migraines most commonly affect adults in their 30s and 40s, but they frequently start at puberty and also can affect children. Women are up to three times more likely than men to have migraines. Though statistics specifically for ocular migraines are unavailable, approximately 15 to 18 per cent of women and 6 per cent of men in the United States suffer from migraine headaches.

Common migraine "triggers" that can cause a migraine attack (including ophthalmic or ocular migraines) include certain foods, such as aged cheeses, caffeinated drinks, red wine, smoked meats, and chocolate. Food additives, such as monosodium glutamate (MSG), and artificial sweeteners also can trigger migraines in some individuals. Other potential migraine triggers include cigarette smoke, perfumes and other strong odours, glaring or flickering lights, lack of sleep and emotional stress.



Ocular Migraine Treatment and Prevention

Ocular migraines usually require no treatment. If you are driving or performing other tasks that require good vision when an ocular migraine occurs, stop what you are doing and relax until your vision returns to normal (If you are driving, pull off to the side of the road as soon as you can safely do so, and wait for the vision disturbances to completely pass). If you experience visual disturbances that are part of a migraine with aura, or you want to prevent future ophthalmic migraines or migraine headache attacks, it's a good idea to see your general physician for an exam and advice. It's also a good idea to keep a journal of your diet and activities just prior to your episodes of ocular migraine or migraine with aura to see if you can identify possible migraine triggers that you can avoid in the future.

You should consider having a comprehensive eye exam with an optometrist whenever you experience unusual vision symptoms to rule out sight-threatening conditions such as a detached retina, which requires immediate attention.