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SCAN ME

Watch this video on one woman's journey living with chronic migraine. For more on her story, turn to page 14. Use your smartphone camera to activate the QR code.

FALL 2025

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CHECKING IN: YOUR CARE PLAN

Get on track and find relief for your chronic migraine

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

When you have chronic migraine, meaning 15 or more headache days a month, the goal of treatment is to have fewer. If your current plan isn't working—or you've given it up—check with your doctor about options. Your care plan should include lifestyle changes, treatment for acute attacks, and a preventative, says Shayna Y. Sanguinetti, MD, a neurologist at Northwell Health in Port Jefferson Station, NY.

LIFESTYLE CHANGES

"I usually discuss sleep hygiene with my patients," Sanguinetti says. "This is having a set routine before bed, a regular bedtime, and wake time. This is because, in some people, lack of sleep or oversleeping can trigger migraine attacks."

Other lifestyle changes that help may include exercise, maintaining consistent eating times, and keeping yourself hydrated, she says.

ACUTE CARE

Next, ensure you have a plan for acute attacks, including what to do when your first dose isn't enough.

"The goal for acute treatment is improvement in pain or function in two hours," Sanguinetti says. "You should consider switching if it's not helping with the first or second dose."

HEADACHE PREVENTION

For migraine prevention, CGRP blockers are recommended as a first treatment to try, with few exceptions, Sanguinetti says. Keep in mind preventative medicines won't work immediately.



"Many preventatives take anywhere from six weeks to three months to show any improvement in headache frequency," Sanguinetti says. "If it's not effective in this time, then you should consider either increasing to an effective dose or switching. If there are intolerable side effects, then you should consider switching sooner. The newer anti-CGRP medications can act faster—as soon as the first month—but still give it up to three months to see if there is a response."

KEEPING TRACK

By keeping track of your headaches and treatment responses, you'll have the best chance to find a chronic migraine care plan that works for you.

"It is helpful to track days with headache," Sanguinetti says. "Some use a system of green, yellow, and red, with green being good days without headache, yellow being a mild headache that didn't need acute treatment, and red being headache days that required treatment."

Most importantly, remember you've got options. Don't give up.

When working hard to
manage migraine is one big

nope



It may be time to say

yep



vyepti[®]
(eptinezumab-jjmr)
100 mg/mL Injection for IV

say **yep** to **vyepti**[®]

VYEPTI was purposefully designed as an intravenous (IV) infusion to start working fast and keep working through month 3 after each infusion.



Just four **30-minute IV infusions** a year (every 3 months) given by a healthcare provider.



100% of the medication is delivered directly to the bloodstream, so it can get right to work.

Learn more about
IV infusion



Scan to learn more
about the VYEPTI
infusion experience.

APPROVED USE

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults.

IMPORTANT SAFETY INFORMATION

Do not receive VYEPTI if you have a known allergy to eptinezumab-jjmr or its ingredients.

VYEPTI may cause serious side effects such as:

- **Allergic reactions.** Call your healthcare provider or get emergency medical help right away if you have any symptoms of an allergic reaction: rash; swelling of your face, lips, tongue, or throat; if you have trouble breathing; hives; or redness in your face.
- **High blood pressure.** High blood pressure or worsening of high blood pressure can happen after receiving VYEPTI. Contact your healthcare provider if you have an increase in blood pressure.
- **Raynaud's phenomenon.** A type of circulation problem (Raynaud's phenomenon) can worsen or happen after receiving VYEPTI. Contact your healthcare provider if you have symptoms such as your fingers or toes feeling numb, cool, or painful, or changing color from pale to blue to red.

Before starting VYEPTI, tell your healthcare provider about all your medical conditions, including if you have high blood pressure; circulation problems in your fingers and toes; are pregnant or plan to become pregnant; or are breastfeeding or plan to breastfeed.

Tell your healthcare provider about all the medicines you take, including any prescription and over-the-counter medicines, vitamins, or herbal supplements.

The most common side effects of VYEPTI include stuffy nose and scratchy throat, and allergic reactions. These are not all the possible side effects of VYEPTI. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see the accompanying Summary of Information About VYEPTI on the following pages of this advertisement.

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Actor
portrayal

say **yep** to more migraine-free days

VYEPTI is the 1st and only FDA-approved intravenous (IV) infusion for the prevention of migraine in adults. In clinical trials, people on VYEPTI saw fast, powerful, lasting results.



Fast

With VYEPTI, more people had migraine-free days during the first week after treatment, some as soon as Day 1.*



Powerful

People treated with VYEPTI had fewer monthly migraine days through month 3, compared with placebo.



Lasting

Just one 30-minute treatment 4x a year (given by a healthcare provider every 3 months).

**After the first infusion, compared with placebo, as described in the FDA-approved prescribing information.*



Get study results

Scan to learn more about proven migraine prevention with VYEPTI in 2 clinical studies.

Ready to ask your doctor about VYEPTI?

vyepti[®]
(eptinezumab-jjmr)
100 mg/mL Injection for IV

Speaking up at your doctor appointment can feel like a lot. But partnering with your doctor can help you find out if VYEPTI could work for you.

5 topics to help you feel heard

- ⚡ Common triggers of your migraine attacks
- 👤 How your experience with migraine makes you feel
- 📅 Number of migraine days you had in the last month
- 📄 How you've tried managing migraine in the last month
- 👂 If you're open to trying an IV infusion treatment

Start here ↗



Scan for a discussion guide to help prepare for your next appointment.

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Summary of Information About VYEPTI

Important Facts about VYEPTI® (vye-ep'-tee) injection for intravenous use, also known as eptinezumab-jjmr.

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults and is given by a healthcare provider as an intravenous infusion every 3 months.

When should I not take VYEPTI?

Do not receive VYEPTI if you are allergic to eptinezumab-jjmr or any of the ingredients in VYEPTI.

What Warnings should I know about VYEPTI?

VYEPTI may cause serious side effects, including:

- **Allergic reactions.** Allergic reactions can happen after receiving VYEPTI. Call your healthcare provider or get emergency medical help right away if you have any of the following symptoms of an allergic reaction: rash; swelling of your face, lips, tongue or throat; trouble breathing; hives; or redness in your face.
- **High blood pressure.** High blood pressure or worsening of high blood pressure can happen after receiving VYEPTI. Call your healthcare provider if you have an increase in blood pressure.
- **Raynaud's phenomenon.** A type of circulation problem (Raynaud's phenomenon) can worsen or happen after receiving VYEPTI. Call your healthcare provider if you have symptoms such as your fingers or toes feeling numb, cool, or painful, or changing color from pale to blue to red.

What are the side effects of VYEPTI?

The most common side effects of VYEPTI include:

- stuffy nose and scratchy throat
- allergic reactions

These are not all of the possible side effects of VYEPTI. **Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

What should I tell my health care provider?

Before you receive VYEPTI:

Tell your healthcare provider about all of your medical conditions, including if:

- You have high blood pressure.
- You have circulation problems in your fingers or toes.
- You are pregnant or plan to become pregnant. It is not known if VYEPTI will harm your unborn baby.
- You are breastfeeding or plan to breastfeed. It is not known if VYEPTI passes into your breast milk.
- You are under 18. It is not known if VYEPTI is safe and effective in children.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

This information is not comprehensive. To learn more about VYEPTI, talk to your health care provider, call 1-833-4-VYEPTI (833-489-3784), or go to www.vyepti.com for the full Prescribing Information and Patient Information.

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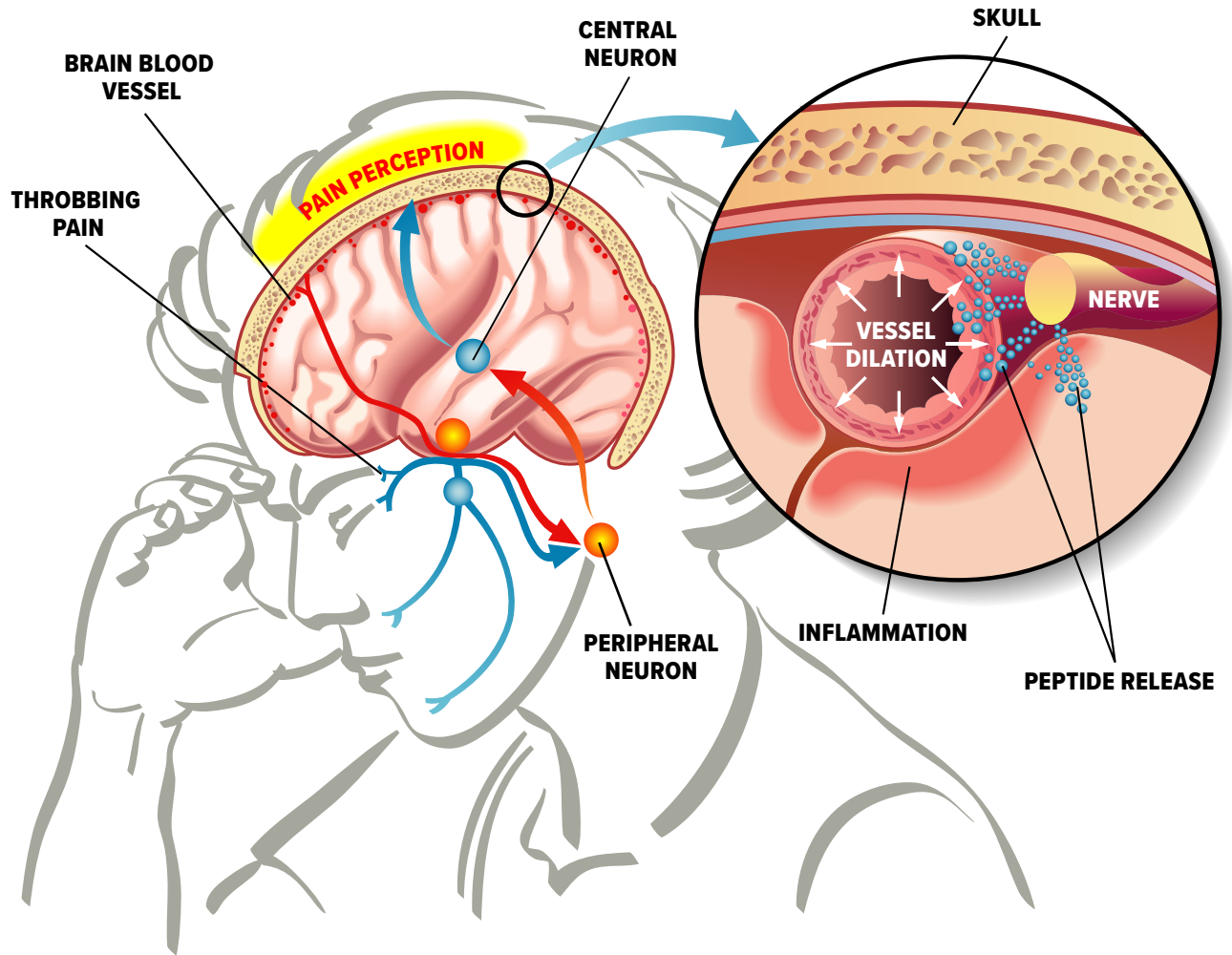
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INSIDE YOUR HEAD

What's happening when you have chronic migraine?

By Rachel Reiff Ellis Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



- Migraine pain is a result of your neurons sensing and transmitting pain.
- These neurons send signals that release a peptide.
- The peptide tells your blood vessels to dilate and causes inflammation.
- The expanding blood vessels and the inflammation cause throbbing pain.

SOURCES: *The Journal of Headache and Pain*: "Migraine Attacks Are of Peripheral Origin: The Debate Goes On"; American Migraine Foundation: "Calcitonin Gene-Related Peptide Targeted Therapy For Migraine"; American Migraine Foundation: "Comorbidities of Migraine"; Medscape: "Migraine Comorbidities: What You Need to Know"; *AJMC*: "Study Outlines Association Between Arthritis, Migraine";

COMORBIDITIES

These conditions often go hand-in-hand with chronic migraine.

MOOD DISORDERS

Your chance of having depression and anxiety is between 30% and 50%. These odds go up the more days a month you have migraine.



SLEEP DISORDERS

When you have chronic migraine, your risk goes up of also having sleep apnea, insomnia, and restless legs syndrome. You're also more likely to have poor sleep quality and duration.



CARDIOVASCULAR DISORDERS

People who get chronic migraine with aura have a slightly higher risk of heart attack, stroke, and death from cardiovascular disease than people who have migraine with no aura or no migraine disorder at all.



INFLAMMATORY CONDITIONS

Although experts aren't sure of the link, there is a relationship between arthritis and chronic migraine. You're more likely to have one if you have the other.



NEUROLOGICAL DISORDERS

Other conditions that affect the brain, such as epilepsy, multiple sclerosis, and stroke, can occur along with chronic migraine. Researchers aren't sure of the connection, but one theory is these disorders may have the same underlying cause as chronic migraine.



CHRONIC PAIN

Fibromyalgia is a disorder that causes pain in the muscles, joints, and bones. About 30% of people with chronic migraine also have fibromyalgia, and over 55% of people with fibromyalgia also have chronic migraine.



GASTRO ISSUES

GI issues often go along with migraine. It's common to deal with nausea, diarrhea, vomiting, and disorders such as inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS).



Harvard Health: "Migraine: A Connection to Cardiovascular Disease?"; Nature: "Migraine is Associated with the Development of Adult Patients with Inflammatory Bowel Disease: A Nationwide, Population-Based Study"; Association of Migraine Disorders: "The Relationship Between Migraine and Fibromyalgia"

MANAGE YOUR CHRONIC MIGRAINE

When you have 15-plus headache days a month, you'll need a multipronged treatment approach

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

When you have chronic migraine, you'll need medicine for relief during an attack and medicine to prevent future attacks. If your medicine isn't working, don't give up. There are more options available today than ever before.

"With methodical, sustained attempts at treatment, we are usually able to find a treatment or treatments that will improve your quality of life," says Elizabeth W. Loder, MD, MPH, a headache specialist and professor of neurology at Harvard Medical School in Boston.

RESCUE MEDICATIONS

Keep over-the-counter or prescription pain relievers within your reach to take whenever you feel the first signs of an attack.

"The earlier you treat, the more likely you are to get out of this bad episode that's coming," says Moises Dominguez, MD, an assistant professor of neurology at Weill Cornell Medicine in New York City.

PREVENTIVE MEDICATIONS

Rescue medicine alone isn't usually enough for people with 15 or more headache days per month. Preventive medicine helps cut down the number of headache days you have and might convert chronic migraine to less frequent episodic migraine. Another benefit of prevention, says Dominguez, is that "a really good preventive treatment strategy may make rescue medications even more effective."

Your doctor might prescribe:

- **Medicine to lower blood pressure**, such as atenolol, propranolol, and verapamil, which may correct problems with blood flow to the brain that can cause migraine

- **Anti-seizure medicines**, such as Depakote and sodium valproate, which interact with brain chemicals that could be causing headaches
- **Tricyclic antidepressants**, such as amitriptyline, which may prevent headaches by affecting serotonin levels in the brain
- **Injections of botulinum toxin**, which can interfere with the nerves involved in headache pain
- **Monoclonal antibody treatments**, such as atogepant, eptinezumab, erenumab, fremanezumab, and galcanezumab, which block chemical messengers in the brain called CGRP that play a role in migraine

NONDRUG PROCEDURES

Some nondrug options might also help with chronic migraine. Ask your doctor about nerve stimulation, biofeedback, transcranial magnetic stimulation, and acupuncture.

HOW TO KNOW YOUR TREATMENT IS WORKING

It's important to give your treatment time to work.

"Immediate relief doesn't happen that often in chronic migraine," says Jorge L. Almodóvar-Suárez, MD, division chief of General Neurology & Headache Disorders at UNC School of Medicine in Chapel Hill. "Depending on the medication, you may need to give it about 4 to 6 weeks to work."

You also need to know what it means for a medicine to "work."

Medication won't eliminate headache days, says Almodóvar-Suárez, but it should bring improvements in four areas:

- Duration of headaches
- Frequency of headaches
- Severity of pain
- Your ability to go about your daily life

SWITCHING MEDICATIONS

If your medicine doesn't work after a reasonable amount of time, or it works for a while then stops, there's likely something else you can try or add.

For example, if you relapse on a CGRP antibody drug, "We can always switch you to a different CGRP medication," Dominguez says. "You also have the option of botulinum toxin injection."

You might also want to switch or add medications to see if you can get even better results than you currently get. "Even if people improve with one treatment," Loder says, "they may add another or consider switching, just to see what the maximum benefit is that can be attained."

MY LIFE WITH CHRONIC MIGRAINE

Here's how I manage this condition

By Katherine Cooper Wyma

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

For me, migraine started in my teen years with episodic migraines—about two to three a month. This continued until my first pregnancy at 36, when their intensity and frequency progressed to chronic migraine levels.

Nine years later, I continue to live with and manage the disorder.

DESCRIBING MIGRAINE TO OTHERS

Aside from the throbbing pain on one side of my skull, migraine makes it feel like my entire head is hypersensitive. I'm very aware of the backs of my eyes.

My migraines are intractable, which means they don't respond well to treatment. I also deal with gastroparesis, which means that my stomach just stops working during or after a migraine attack. This makes it hard to digest oral treatments.

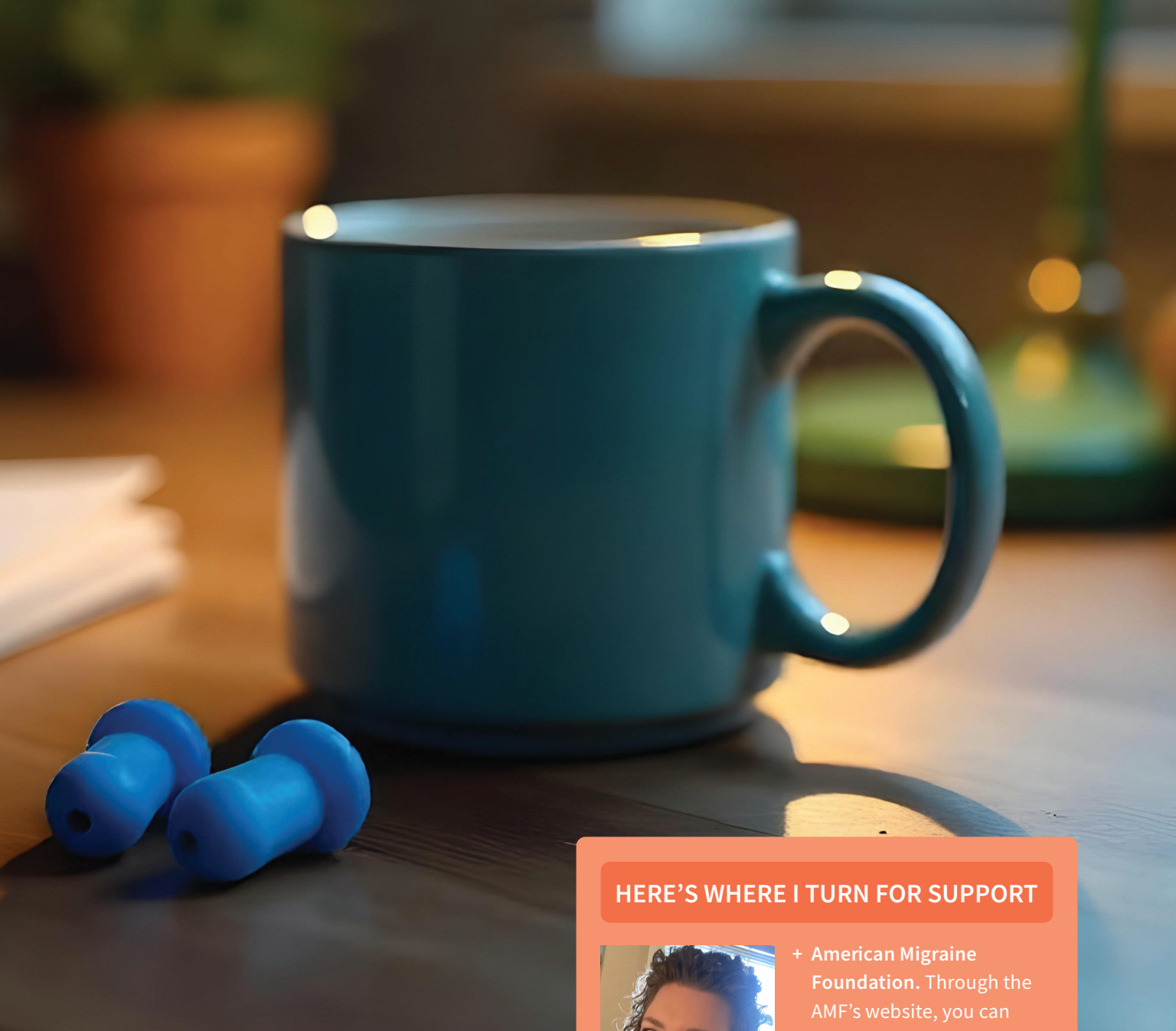
I'll often get nauseated, and I sometimes vomit. I have trigeminal nerve pain, which feels like a shower cap full of needles pushing into my scalp above my right eye. This "needle pain" is often my warning that a migraine is coming.

Ultimately, migraine affects all aspects of my life, big and small. For example, during the holidays, my husband and I like to drive our kids around to see Christmas lights. But I often can't look because it will trigger a migraine. While everyone oohs and aahs, I have my face turned in the opposite direction.

MY MIGRAINE MANAGEMENT TOOLS

I take a calcitonin gene-related peptide (CGRP) agonist every day as a preventative treatment and another medication when a migraine comes on. I still have migraines, but they're a 6 on the pain scale now instead of an 8. They're also shorter in length, and I have only seven to 11 a month instead of 15 or more.





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COURTESY OF KATHERINE COOPER WYMA

Treatments I took in the past would often cause such intense side effects that they kept me from functioning. But now I can lie down for about 30 minutes after taking my medication and then continue with my day.

I'm a college professor, and in my office, I never turn on the fluorescent lights. I have earplugs I can pop in any time I need to, like at the movies (which I rarely attend because of the lights and noise) or at church.

I have a wonderful therapist who understands chronic pain and a supportive and kind husband who can often tell when I'm hurting. We use a shorthand method—a scale from 1 to 10. We both find it helpful as a check-in. With a quick number, I can tell him how I'm doing, and he can know how much help I need.

HERE'S WHERE I TURN FOR SUPPORT



+ **American Migraine Foundation.** Through the AMF's website, you can get access to high-quality migraine information and sign up to participate in their annual conference.

+ **Migraine Buddy.** This app lets you record start and end times, symptoms, and other details about your migraine. Plus, it puts it in a spreadsheet that you can email or take to your doctor.

+ **Family therapy.** We discovered our insurance covered this, and it's been instrumental in learning how to communicate my needs to my husband as well as how to parent well with migraine.

PARENTING WITH CHRONIC MIGRAINE

The key is making sure my family understands what's going on with me

By Lanie Bemis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Before my migraine became chronic, I loved to cook and paint. Now, my focus is getting through each day as a wife and mom with migraine.

WHERE IT BEGAN

I got my first real headache (with dizziness) at 19 and it lasted for days. My doctor diagnosed me with migraine soon after that. Then, I was diagnosed with chronic migraine in my 30s. A few years ago, they added vestibular migraine, which explained the dizziness I've dealt with since I was a teen. I've struggled to find a treatment that's worked over the years. I have different medications for symptoms—nausea, dizziness, etc.

MOMS WITH MIGRAINE

I have three kids, ages 10, 14, and 17, and they all respond differently to my migraine. My 10-year-old has migraine, too. Because of that, she relates a little more.

My kids are normal kids—they get annoyed if they have the same meal too many times because I'm unable to cook. They learned to cook simple meals at an early age. They don't love it when I have to miss recitals and games. Driving is difficult for me. They miss out on things friends do. We also have to watch our spending because my husband is the only one who is able to work. We don't have any extra money for fun stuff.

I've missed out so much on my kids' lives because of not

being able to work to give them more opportunities in life. Recently, I planned a trip to Disney World and had to return to the hotel while the kids and my husband enjoyed the trip. My migraines were that severe. I just cried and cried.

HOW I COPE

Therapy is a must, whether you're a parent or not. I know I'm not the only one who feels down or anxious when my attacks get worse. It's hard when treatments aren't working or you're getting a guilt trip from loved ones who just don't understand.



LANIE'S TIPS

- + If a provider tells you "this is the last option" for your migraine, don't be afraid to question it and keep looking for new treatments.
- + One treatment may not work, but it might work if paired with another treatment.
- + Find migraine support groups online.

(L to R): Lyla, Gabby, Lanie, and Briana Bemis pause to pose while on a stroll around their Winston-Salem neighborhood.



I encourage others with migraine to speak to their kids and spouse like I have. Make sure they all understand what's going on with you. Parenting isn't easy in the first place. Throwing in migraine—whether they're chronic or not—makes life so much harder. I enjoyed my childhood. I want the same for my children, and I have extreme “mom guilt” because I haven't been able to give them the life I

had as a child. But I tell myself and others to not give up. Don't be discouraged. Migraine has taken so much, but it's taught me how to fight—for myself and now for my daughter as she battles them. They've changed me from a shy girl to someone who uses her voice. One day I'd love to work again, to cook, and to take my children on trips to the beach. Until then, I press on.

TAKE OUR TEST

How much do you know about chronic migraine?

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs



1. To have chronic migraine, you must have at least:

- ☐ A. 8 migraine attacks per month
- ☐ B. 15 migraine attacks per month

2. CGRP inhibitors can prevent migraine by:

- ☐ A. Blocking antibodies that trigger migraine attacks
- ☐ B. Blocking a substance involved in blood pressure

3. To prevent medication overuse headaches, you shouldn't take over-the-counter pain medicines like acetaminophen or ibuprofen more than:

- ☐ A. Once a day
- ☐ B. 14 days per month

4. The most common type of migraine is:

- ☐ A. Migraine without aura
- ☐ B. Migraine with aura

ANSWERS:

1. A. Chronic migraine is defined as having 15 headache days a month, but only eight must have features of migraine.

2. B. CGRP is short for calcitonin gene-related peptide. This substance plays a role in controlling blood pressure, but too much CGRP can lead to migraine pain.

3. B. Taking these common over-the-counter medicines 15 or more days a month is considered overuse and can lead to medication overuse headaches. Combination pain relievers with two or more active ingredients should be taken less than 10 days per month to avoid overuse.

4. A. Only 1 in 4 people with migraine will have an aura, which may include flashing lights, lines, or vision loss before a migraine attack. Migraine without aura is much more common.