



2024 INTERVIEW SUMMARY SHEET

SPEAKER

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TITLE & ORGANIZATION

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TOPIC

Migraine, TMD & Neck Pain

KEY TAKEAWAYS

- Migraine often coexists with neck, jaw, temple, and face pain. Neck pain can be a symptom of migraine or a separate problem.
- Clinical examination is important in differentiating between migraine-related neck pain and other conditions.
- Occipital neuralgia can cause pain in the back of the head and is related to both migraine and neck problems.
- Cervicogenic headache is a condition characterized by neck pain and structural changes in the cervical spine.
- Differentiating between temporomandibular disorder (TMD), migraine, and neck pain can be challenging because of overlapping symptoms.
- Surgery is generally not recommended unless there are specific indications, such as neurological abnormalities.
- Ear pain can be referred pain from the jaw or migraine and may be mistaken for an ear infection.
- In some cases, interdisciplinary collaboration can be necessary and helpful, involving pain physicians, physical medicine and rehabilitation (PM&R) specialists, or TMJ (temporomandibular joint) specialists, along with a headache specialist.

TREATMENTS CITED

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| Amitriptyline | PM&R specialist |
| Cervical spine injections | Physical therapy |
| Chiropractic | Relaxation therapy |
| Cognitive behavioral therapy (CBT) | SEEDS (Sleep, Exercise, Eat healthy, Diary & Stress management) |
| Duloxetine | TMJ specialist |
| Gabapentin | Venlafaxine (Effexor) |
| Massage therapy | |
| Neurosurgical intervention | |
| OnabotulinumtoxinA (Botox) | |

QUOTES

"Migraine is a problem of pain processing, and there are these pain pathways deep within the brain that are responsible for migraine, and they have inputs from the neck."

"TMD is essentially a problem of the temporomandibular joint. People can sometimes have arthritis in that joint, which is essentially the jaw joint."

"Physical therapy can make a difference for a lot of people. So, when I think about risks and benefits, I think physical therapy has a lot to offer."

"Sometimes the neck pain can be the first symptom that they experience. Sometimes it can be there even between discrete migraine attacks, so even interictally, they might have neck pain."

PRACTICAL STEPS

- Use oral devices like a night guard or splint for jaw pain and TMJ problems.
- Try relaxation techniques for both TMD-related issues and migraine.
- Consider preventive medications such as amitriptyline, venlafaxine, gabapentin, duloxetine, onabotulinumtoxinA, or nerve blocks for migraine-related neck pain.
- Explore nonpharmacological approaches like physical therapy, relaxation therapy, and CBT for relief.
- Be cautious with chiropractic adjustments involving rapid neck movements; a rare risk of stroke is associated with this technique.
- Long-term management should include staying active and incorporating exercise into daily routines.
- Communicate with healthcare providers and seek interdisciplinary care when necessary.