



This is What Happens with Retinal Migraines

Migraines are painful and potentially debilitating. Most doctors diagnose based on the International Headache Society's International Classification of Headache Disorders, 2nd Edition (ICHD-II). A "standard" makes communications easier when patients need to consult or change doctors. Retinal migraine, an actual migraine diagnosis, is when there are recurrent attacks of visual disturbances prior to the headache phase of the migraine attacks. There are no tests to confirm retinal migraine. Diagnosis is made by reviewing the patient's medical history, symptoms, and examination. Retinal migraine is diagnosed by ruling out other causes for the symptoms.

Retinal migraines begin with monocular (in one eye) visual symptoms including:

1. scintillations (seeing twinkling lights)
2. scotoma (areas of decreased or lost vision)
3. temporary blindness

The headache phase of a retinal migraine begins during, or within 60 minutes of, the visual symptoms. This phase presents symptoms consistent with migraine without aura:

- Headache duration of 4- 72 hours
- At least two of these characteristics:
 1. unilateral (on one side) location
 2. pulsatile quality (pulsing or throbbing)
 3. moderate or severe pain intensity
 4. aggravation by routine physical activity such as walking or climbing stairs
- At least one of these characteristics:
 1. nausea and/or vomiting
 2. photophobia (sensitivity to light) and phonophobia (sensitivity to sound)

Differentiating factors between retinal migraine and migraine with aura are:

1. visual symptoms of retinal migraine are monocular
2. total, but temporary, monocular blindness may occur in retinal migraine.

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In the ICHD-II, retinal migraine is described as:

Repeated attacks of monocular visual disturbance, including scintillations, scotomata or blindness, associated with migraine headache.

The diagnostic criteria for retinal migraine under ICHD-II are:

- A. At least 2 attacks fulfilling criteria B and C
- B. Fully reversible monocular positive and/or negative visual phenomena (e.g., scintillations, scotoma or blindness) confirmed by examination during an attack or (after proper instruction) by the patient's drawing of a monocular field defect during an attack
- C. Headache fulfilling criteria B-D for migraine without aura begins during the visual symptoms, or follows them within 60 minutes
- D. Normal ophthalmological examination between attacks

The relevant diagnostic criteria for migraine without aura are:

- A. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)
- B. Headache has at least two of the following characteristics:
 - 1. unilateral location
 - 2. pulsating quality
 - 3. moderate or severe pain intensity
 - 4. aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs)
- C. During headache at least one of the following:
 - 1. nausea and/or vomiting
 - 2. photophobia and phonophobia

Do you have personal injury clients with headaches? Would you like a legal nurse review of the medical chart?

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