

# News

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February 8, 1989

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\*\*\*\*Learning the difference between "relaxation" and "recreation" important to migraine sufferers

DALLAS -- The trouble with many migraine sufferers is they don't know the difference between relaxation and recreation, says Dr. Paul Silver, assistant professor of psychology at The University of Texas Southwestern Medical Center at Dallas.

Silver, who works with patients suffering from migraine and muscle-tension headaches, says he stresses the importance of relaxation with his patients. But he has found that he needs to explain what he means by the term "relaxation."

"You ask a patient what they do for relaxation, and he or she is likely to tell you, 'I bowl' or 'I play tennis' or 'I like to go fishing.' That's not relaxation: That's recreation. People need to understand that relaxation is a particular physiological state that is somewhat akin to light hypnotism."

Relaxation is a technique Silver uses with patients who are trying to overcome severe migraine or muscle-tension headaches. (And some headaches are mixed, having characteristics of both kinds.) He also uses the technique with patients who have "rebound headaches," headaches that occur as head pain medication wears off, triggering a physiological reaction. Rebound headaches are often blamed on "stress" by physicians who are not used to working with headache pain.

Silver says his treatment program -- which may be done on a one-to-one basis or in a group setting -- usually takes only 10-12 appointments to teach the patient techniques to prevent or combat their headaches. It is usually covered by insurance, and many physicians refer patients for this kind of headache treatment, which in his experience has a 70 percent to 80 percent success rate.

The psychologist teaches his patients to relax the 16 major muscle areas of the body and to recognize what it feels like to be truly relaxed. He may also use a biofeedback apparatus to check the level of frontal muscle tension in the forehead to indicate the general level of muscle tension in the body. He then teaches the patient to relax these muscles both with and without the biofeedback machine.

Another technique includes using visualization (imagining, or seeing pictures in your mind). The patient visualizes him- or herself in a relaxing situation or place. This technique causes the arteries and veins to dilate, increasing blood supply and raising temperature in the hands and feet as the veins and arteries begin to relax and open up.

Sometimes Silver uses hypnotism to enhance the effect of the imagery. In other cases the psychologist works with the patient on stress management, using individually tailored techniques.

Silver says he prefers to work either with patients who do not want to increase the amount of drugs they are taking to relieve their headaches or with those for whom drugs are not working well. With such patients the psychological techniques may act as a supplemental therapy. "The two approaches can actually work well together," he says.

The psychologist will take only patients who have had recent medical check-ups to see whether there could be any organic cause of pain, such as a brain

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tumor or a slipped disc, and who have been diagnosed as migraine or muscle-tension headache sufferers. Silver then reviews their personal and medical assessments and asks them to keep a daily record of their headaches. This "headache diary" helps patient and doctor check on what happened before and after the onset of the pain in order to see if these are triggers or reinforcers and to gauge the success of the treatment.

Sometimes migraine headaches are associated with food allergies, alcohol or caffeine consumption. In those cases Silver refers the patient to a nutritionist for special help. Other migraines may be associated with sleep patterns or work-related stress.

One of the things the psychologist does is to talk with the patient about possible problems or stress that may contribute to the onset of the headaches. "While it's true that there is such a thing as a 'migraine potential,'" he says, "this seed has to be nurtured in order to produce a migraine."

Anxiety may also contribute to migraines. This kind of increased stress often leads to constriction of the blood supply in the arms and legs and a feeling of cold. "There's a lot of truth in the saying, 'He has cold feet,'" the psychologist says.

The good news is that people can learn to alter their responses to stress. "We tend to personalize, to misconstrue events in our lives and see them as overwhelming. Thus, stress is increased," he says. "And this can set us up for headaches. Also, the affect is circular: Just having a headache can cause behavior that will affect the sufferer's relationship with others adversely -- and contributes to more stress."

Silver, who works with graduate students in clinical psychology and with psychiatry residents at Parkland Memorial Hospital, is also interested in pain-coping behavior and the relationships between stress and illness. He has published research on the relationship between stress and herpes.

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Distribution: AA,AB,AC,AC1,AF,AF1,AG,AG1,AH,AI,AK,AK1,TEX,SL

Note: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern Allied Health Sciences School.