INTERVIEW TRANSCRIPT

DISCUSSIONS WITH WORLD-LEADING EXPERTS

How To Harness the Power of Sleep When You Live With Migraine

Fred Cohen, MD
Assistant Professor of Medicine and Neurology | Medical Director
Icahn School of Medicine at Mount Sinai | Headache Intervention
New York

Introduction (00:05): For many people with migraine, sleep is both a cornerstone and a contradiction. We're told that good sleep is essential to managing migraine, yet migraine often robs us of it. Poor sleep is one of the most common and frustrating triggers. Dr. Fred Cohen is one of the few specialists board certified in both internal medicine and headache medicine, giving him unique insight into how sleep and migraine are deeply connected and how we can begin to restore rest that truly heals. Dr. Cohen, welcome back to the Migraine World Summit.

Dr. Cohen (00:47): Thank you for having me again.

LaQuinda McCoy (00:49): Let's start with the big picture. We all know a bad night's sleep can trigger a migraine, but what's actually happening in the brain? How does a lack of sleep or even too much sleep lower the threshold for an attack?

Dr. Cohen (01:05): So this is a bit [of] a puzzling question when you ask scientists and doctors, "What does sleep actually do? Like, what's happening?" We dream. And it wasn't until recently we knew that answer. When we sleep, our hearts beat slower, our stomachs churn less. But the brain's running. We call it rapid eye movement (REM). The brain's not stopping. And what the brain's actually doing when we go to sleep is, there's something — it cleans itself.

Dr. Cohen (01:33): Something called the glymphatic system activates. And what that serves to do is to actually clean the brain of any toxins or whatever. Because during the course of the day — thinking, feeling, all that stuff, the brain working — it uses neurotransmitters and whatnot. Well, like any fuel, there's a byproduct. And that byproduct could be inflammatory. So when we sleep, the brain cleans itself and gets rid of this waste. But if we don't sleep — well, it's not really getting rid of the waste.

Dr. Cohen (02:01): And that's pro-inflammatory, which is why you feel icky and groggy when you don't get good sleep. And that's why it could trigger a migraine attack, because migraine, in a nutshell — while it's a complicated neurological condition — is a condition of neuroinflammation. So if your brain's not cleaning itself, it's prone to inflammatory situations — hence could lead to more migraine attacks.

LaQuinda McCoy (02:24): Can you explain a little bit about circadian rhythms, and how they can relate, or how they relate to migraine?

Dr. Cohen (02:33): Sure. So, think of a circadian rhythm like a schedule, meaning our brain keeps sort of, if you will, track like, and knows habits and whatnot of when to start going to sleep, waking up, etc. Like, for instance, prior to where your brain is used to going to sleep, there's a release of melatonin. And then likewise, when it's time to wake up, it's similar.

Dr. Cohen (03:01): So again, it comes into the brain prepping itself. So it goes back to the fundamental that, if you interrupt your circadian rhythm, you're interrupting these protective mechanisms your brain has to take care of itself. This is also why people might notice it's not just a lack of sleep that could lead to a migraine attack, but a change in sleep patterns. I have myself experienced when — let's say I sleep in on the weekend. Even though I might get 10 hours of sleep — that's a lot of sleep — you should feel rested, but I'll get a migraine attack. It's again, because we're shifting this norm about what our brain is expecting.

LaQuinda McCoy (03:39): That's a great way to explain that. You've written about melatonin. How does it naturally, or through supplementation, impact migraine?

Dr. Cohen (03:52): So, melatonin has a couple of roles. The main one that we've heard of, of course, is initiating sleep. When the sun goes down — so that's actually how your body knows to produce it.

There's something in our brain called a pineal gland, and that's actually what releases melatonin. And it's when that activates or releases it is when we start getting tired. What actually triggers that is blue light. This is why in night mode on your computer, your iPad, your phone — it looks more orange, right? It's because it's getting rid of blue light, because blue light — the sky is blue … Like our brain's evolutionary trait — it knows when it's light and blue outside, it's daytime. And when it's not, it's nighttime. Which is why you also have seen like computer glasses — those orange things. Again, it's to allow your to — so lights aren't stimulating, hence messing up your release of melatonin.

Dr. Cohen (04:48): Now, when it comes to melatonin, it's not just sleep — it's also neuroprotective. We've seen that, from various studies, that melatonin also has a neuroprotective component to it. There's a lot of neuropeptides going through our brain, and they all have regulatory functions — and melatonin is no stranger to that. So it's not just helping with the sleep. We do know it helps having this protective neuroinflammatory component as well. So it's more than one mechanism that melatonin supplementation does to help with migraine.

LaQuinda McCoy (05:18): So it's doing a dual purpose?

Dr. Cohen (05:21): Correct. It's more than just sleep.

LaQuinda McCoy (05:24): Is there any way to boost melatonin naturally?

Dr. Cohen (05:29): So the first and foremost is again, making sure you don't have stimulating lights. That's why I would encourage any electronic device — from your computer to your phone — to do night mode. You know, have that setting and that way — because you don't want these stimulating blue lights that could interrupt your natural production of melatonin. Good sleep hygiene is not using computers an hour or so before bed. Again, you don't want that stimulation, and to let your body naturally produce and release melatonin.

LaQuinda McCoy (06:02): You mentioned the glymphatic system — the brain's overnight cleaning process. One of our viewers, Fatina, asks: What happens when that system is disrupted by poor sleep?

Dr. Cohen (06:16): So yes, the glymphatic system — again — it serves to clean the brain of any inflammatory junk, waste products, etc. And it's interesting, when we talk about the phrasing, the wording of it — because it works like the lymphatic system. It's a brain; it's going to get an extra letter — it gets a "g" — called the glymphatic system. But again, it's a bodily function that serves to cleanse itself and get things working correctly.

Dr. Cohen (06:41): But this only really activates in certain phases of sleep, such as REM and whatnot, which means if you're not getting quality sleep … So not just sleep, you think … I can't tell how many times I'm evaluating a patient, [and] they're like, "Oh, yeah, I get eight hours." But then I diagnose obstructive sleep apnea or some kind of sleep disorder, and they're not getting good quality. If you're not getting to those deeper stages of sleep, your glymphatic system is not activated. And therefore it's — you know, that could trigger a migraine. So again, it comes to cleaning the brain of these pro-inflammatory markers and whatnot, which is what the glymphatic system serves to do — and that only activates in deep levels of sleep. So high quality sleep is very important.

LaQuinda McCoy (07:26): I think many people feel guilty or even frustrated when poor sleep triggers their migraine — as if it's their fault. How do you help them reframe that, to see sleep as a biological system that can be retrained, rather than a personal failure?

Dr. Cohen (07:47): I want to stress that there should be no feelings of personal failure when it comes to these triggers, if you will — meaning there's lots of different triggers and whatnot, the things that shape our migraine. And it's so easy for a provider to sit here and be like, "Oh, get better sleep." That's

hard. That is hard. I struggle with that myself. It's so easy, "Do as I say, not as I do." And I stress that with my patients.

Dr. Cohen (08:10): Whenever I talk about these things such as stress or sleep, I say, "Listen, I know this is not going to be an easy thing, and we're going to change it over time." But that's why sleep hygiene is so important and something to sort of focus on that I explain, "You're not going to change this in a single night, but something to be aware of. Keep those details in addition to your headache diary — a sleep diary. And we can work on that and find ways to achieve that." And it's a day-by-day, visit-by-visit thing to improve and to make a difference.

LaQuinda McCoy (08:41): So improving sleep is overall important for migraine management.

Dr. Cohen (08:46): Absolutely. Migraine is not just, "Here, take a pill or injection." Migraine is multiple different avenues to go down. And that's why, like what we're discussing with sleep — lifestyle modifications are critical. When I meet a patient, I'm asking all these details — not just about their headache history, [but] their mood, their diet, their sleep, etc. I try to identify other areas I can improve to make a difference in their headache health.

Dr. Cohen (09:11): Ultimately, I would love to get patients off medications if they can. And by doing so at future visits, again, evaluating these things such as sleep so that maybe in the future they don't have as much of a medication burden. A lot of my patients would love to get off their treatments. And again, that's the same for everyone. I want to stress that everyone's headache and migraine is unique and different with different treatments, different triggers. I tell patients, "Don't compare yourself to a friend or someone else with migraine." They're all different, and we treat them all differently. And everyone needs their own plan.

LaQuinda McCoy (09:46): Correct — there's no one size fits all.

Dr. Cohen (9:49): No.

LaQuinda McCoy (09:50): Many of our viewers report waking up with migraine or being woken up with pain in the middle of the night. What's happening in those early morning hours that make attacks more likely?

Dr. Cohen (10:04): Well, that's a bit of a difficult question because there could be multiple things. So when someone tells me they're waking up in the morning with a headache — and if it's a migraine attack, I'm naturally going to want to investigate what's happening in sleep. There could be many different sleep disorders — one of the most common being obstructive sleep apnea (OSA). I diagnose OSA, I would say, weekly. It's a very commonly undiagnosed thing.

Dr. Cohen (10:26): And also, many people think obstructive sleep apnea only happens in those that are overweight. "Oh, you have to be obese to have that." And that's not true. While yes, overweight is a risk factor for it, but I have diagnosed it in people who are extremely skinny. Obstructive sleep apnea could happen many different ways. What obstructive sleep apnea is, is that something is blocking the way when we sleep — maybe part of our throat is structured, our tongue — that's very common. And there are numerous reasons why that happens. And it's a common thing as we get older, our body changes — it's not just weight. Some people will just — you know, how our bodies are shaped, it naturally happens.

Dr. Cohen (11:07): And that's why there are a lot of questions I ask, such as, "Do you know if you snore, or [do] you wake up in the night?" One of the biggest things is, "Does your partner, if you sleep with someone else, notice that your breathing sort of changes irregularly in the night?" If any of these are yes, I start getting suspicious for sleep apnea, and then I'll refer for a sleep study. Now, sleep studies used to be what I call medieval. When I was back in med school, you had to go to a sleep lab

and stay there. Now it's very simple. You have like an iPad-looking device that sits next to you when you sleep. So I encourage — if you're concerned about having sleep issues, get a sleep study. They're very accessible and noninvasive nowadays. And it's a very easy way to see, "Hey, do I have sleep apnea?"

Dr. Cohen (11:45): Because sleep apnea isn't just a problem for sleep. It is a known risk factor for stroke and high blood pressure and a heart attack. It leads into a lot of other conditions. So it's very important to identify and treat sleep apnea if it's present. And then otherwise — other conditions such as insomnia, delayed sleep cycles, you know this ... And it's not just me assessing that; I might send someone to a sleep medicine specialist. There's a lot of different sleep disorders that again, through these patient interviews, we figure out, "Hey, is this going on?" and to get that treated. Because again, it's not just treating the migraine — these affect other facets of life as well.

LaQuinda McCoy (12:27): How often do you see a link between snoring, morning headaches, and even chronic migraines?

Dr. Cohen (12:33): I would say it's common. And again, snoring is not indicative of obstructive sleep apnea. It can make me suspicious, but I'm not going to make the statement, "If you snore, that's it. You have sleep apnea." No. And if you snore and you have morning headaches, again, I'm going to investigate it — you know, see if this is related. But I wouldn't call it a slam dunk, like, "Oh, yeah, that's it." Some people naturally snore, and it's not affecting their sleep patterns or their ability to get high quality sleep.

LaQuinda McCoy (13:06): What about restless legs syndrome? Why are more people with migraine so much more likely to experience it?

Dr. Cohen (13:17): Restless legs syndrome has comorbidities with other neurological conditions. Also, it's actually common in those who have anemia — although I'm not saying that's related to migraine. And, restless legs syndrome is that — I would say when I've seen it in patients, a lot shrug it off, just think that they feel sort of antsy and whatnot. But it's a reasonable thing, that if you're feeling that, to bring up to your doctor because there are treatments for that.

Dr. Cohen (13:40): And it could — without a doubt — hence its name—can really affect your sleep and falling asleep. So if that's something you're experiencing, I highly encourage you [to] bring [it] up to your doctor. It is something that we've seen associated with migraine. And again, I wouldn't call these slam dunks that, "Oh, yeah, everyone with migraine has this," and vice versa. But it's a simple question to bring to your doctor or provider to be assessed for.

LaQuinda McCoy (14:05): You mentioned insomnia. How common is it in people with migraine?

Dr. Cohen (14:12): I would call it a comorbidity — I don't know if I'll call it super common. I would say it's common that people *think* they have insomnia and it's not. Well, insomnia is many different kinds. And when someone comes to me and I'm suspicious of insomnia, I need to see what their sleep habits are like. A good chunk of time, it could be just poor sleep hygiene or something else — or what we call delayed sleep cycles.

Dr. Cohen (14:34): Insomnia is the difficulty of falling asleep, but also, it might be that your brain's not naturally going through other cycles of other stages of sleep. And again, I'm not going to take all the credit for this. This is where a sleep medicine specialist will come in, and I would make that referral. And there's a longitude of, different varieties of treatments to go for. Besides lifestyle modifications, there are prescription medications — a whole variety of that with different strengths — but also therapy. There is insomnia cognitive behavioral therapy [CBT-I] that psychiatrists and therapists use to assess and treat that as well.

LaQuinda McCoy (15:12): It often feels like a chicken-and-egg problem: Is migraine causing insomnia or is insomnia causing migraine? How do you begin to untangle that cycle?

Dr. Cohen (15:25): I get a lot of questions like this about, "Is this causing my migraine, or did that give me migraine?" And the short answer is, “No way to tell.” I tell patients that I wouldn't go too far down that rabbit hole — just that, let's treat them. It's likely that these would have happened on their own. But there again — there's no true way to come to that.

Dr. Cohen (15:49): But when someone comes in with insomnia and they're like, "Oh, is my migraine causing this?" I can't tell that. But, "Oh, if I cure my insomnia, if I treat my insomnia, will it help my migraine?" Well, yes; if you treat one, it should help the other. I wouldn't go as far as to make the claim it's going to do it 100%, but it's definitely going to help — which is why it's always worthwhile to explore these other conditions to see if it is apparent and to diagnose it and treat it.

LaQuinda McCoy (16:17): Are there any red flag symptoms that someone should never ignore?

Dr. Cohen (16:22): Well, two things that we haven't brought up that could definitely affect sleep — and I diagnose a lot — is untreated or poorly managed anxiety and depression. A common symptom of depression is: Is it affecting your sleep? And it could do it in numerous ways: making it difficult to fall asleep, oversleeping, but also fragmented sleep — meaning that you go to sleep, you wake up three hours later, you're not able to fall back asleep until an hour or so later, instead of sleeping through the night.

Dr. Cohen (16:52): Now, again, I'm not trying to say, "Oh, if you have sleep issues, you're depressed." No. But my point is, depression or anxiety could present like that. So again, in my patient visits and interviews, I do ask about mood and sort of dig into that. And I'm not like, "Oh, it has to be depression." No, but there are patients that weren't really attributing it to that or concerned about that. But it's like, "Hey, I think there might be a mood situation going on that could be [contributing] to it." Again, it's not all of it, but could be affecting it as well. So it's very important to assess for those. And that's something again — that simple conversation with your provider, to see if that's at hand.

LaQuinda McCoy (17:29): We often hear about good sleep hygiene, but that advice can feel frustrating for many people with chronic pain. What are the two or three most high-impact rules that the migraine brain really needs to prioritize?

Dr. Cohen (17:46): Sure. So there's a lot of things with sleep hygiene — and yes, it could be difficult to adhere to these kinds of recommendations — but it really does lend itself to your sleep. One is not having any food two hours before bedtime. You know, really anything stimulating. So I make the recommendation to not watch TV or be on your phone an hour or so before bed. Do not use your phone in bed. And I'm saying that as a millennial; listen, I know you want to use your phone in bed, but don't doomscroll because, again, you want your brain to sort of ...

Dr. Cohen (18:23): What is the point of sleep hygiene? I'll start with that. It's getting your brain to know it's time for bed. If you're doing something stimulating in the bedroom — TV, phone, stuff like that — the brain's not going into sleep mode because it's doing an activity.

Dr. Cohen (18:39): And, let's say you have trouble falling asleep. It's worthwhile, if you really can't fall asleep, to get up, go to a different room for a few minutes. Don't do a stimulating activity. But then go back to your bedroom. Because what we're doing — what the point of sleep hygiene is — is training the brain to know: This area, when I'm in here, you're going into sleep mode, not that we're doing an activity and stay up.

LaQuinda McCoy (19:01): I am definitely guilty of that myself. And even staying in bed for a long period of time, just staring at the wall, it's … kind of … when you say get up and walk around, it's not something I would think about doing because you just want to try to go back to sleep.

Dr. Cohen (19:19): Don't start cleaning — I get that all the time; "Oh, I started decluttering." Like, "No — that's stimulating." Don't read a book. You literally just go into another room, think — you know, just relax for a few minutes, meditate, whatever. You're just — you're just chilling in another room and then go back to bed.

LaQuinda McCoy (19:35): What is the role of behavioral approaches such as cognitive behavioral therapy for insomnia [CBT-I] in improving both sleep and migraine?

Dr. Cohen (19:44): Sure. So, insomnia cognitive behavioral therapy, [CBT-I] is where … You know, I don't want to — when I bring it up to patients, they get like, "Oh," words like, "You think I'm crazy, blah, blah, blah.'" Like, "No, no, no. That's not at all what that means." It's just … think of it as another measure that helps with insomnia that's not taking a medication. It's sort of — exercises, if you will. And I'm not going to call it meditation, and I'm not an expert at this — I'm not a therapist. I don't give [CBT-I] — I refer people to that. But think of it as brain exercises, if you will, and strategies to help fall asleep. And no, it's not just lying there and counting sheep or something like that. It's proven, tested strategies to help get someone to start their sleep cycle.

LaQuinda McCoy (20:30): We sometimes hear the term "painsomnia" — those nights when pain keeps us awake. How do we handle that when we know we need sleep to recover, but pain is keeping you awake?

Dr. Cohen (20:44): Right. So, this is something I've spoken about before. I've been asked this with the term "painsomnia," which is, right, the migraine or chronic pain is keeping them up. I find that term weird because I don't associate it with insomnia — your condition is not optimized. When patients bring that up, it's like, "No, no, no. I'm not blaming insomnia. We need to get you on a better migraine regimen."

Dr. Cohen (21:02): If the pain is enough to keep you awake — clearly — something needs to be changed there. So it's either changing their acute — their rescue medication or something like that. Because again, I won't call that insomnia per se. It's that the migraine attack is not managed well. We need to give you something to help relieve the attack to the point that you can go to sleep.

LaQuinda McCoy (21:26): So, medication management may need to be relooked at.

Dr. Cohen (21:32): Absolutely.

LaQuinda McCoy (21:33): So many people seem to feel lethargic or fatigued during an attack, or even after an attack. What about napping? Is sleeping off an attack helpful, or does it just sabotage your sleep schedule for that night?

Dr. Cohen (21:48): Well, this is going to be different for everyone. Naps affect people differently. What is a nap? What is a nap? Like, I'm actually — I'd love to take a step back — I'm actually asking a question: What is a nap? Do you know what a nap is? *[Asks his cat.]* I don't know … like, I want someone to like, you know, look up what a nap is. And when like … if you're not feeling well — yes, rest.

Dr. Cohen (22:10): But also, you don't want to get to a point that it affects your sleep cycle — that now you're going to go to bed late. For instance, if I go down and sleep for two hours, you bet I'm going to now stay up later. So it comes to — it's different for everyone. I have friends and patients

that can take a four-hour nap and still go to bed on time. I can't do that. So there's no one true answer for that. It's more of that — yes, can a nap help? Sure.

Dr. Cohen (22:32): People have felt sleeping off a migraine definitely helped. But I'm not going to call that the treatment for everyone. And again, I'm not trying to interfere with someone's sleep cycle. So there's not — I'm not trying to give a bad answer — but it is different for everyone. People like … I'm going to make the example for myself — naps — I don't typically nap because it will affect my sleep cycle negatively. But that's not the same for everyone.

Dr. Cohen (22:57): So for people that you notice, if you take a nap for an hour or so and it doesn't affect going to bed at your normal time, that's great. But if you feel it does, then maybe a nap isn't the answer for you.

LaQuinda McCoy (23:08): For some people — even when they've tried the sleep hygiene, they've done the CBT-insomnia principles — their sleep remains poor and unrestorative. So for those that are stuck in that chronic pattern, how do you begin to truly reset the sleep system?

Dr. Cohen (23:28): At this point, I would say that I would refer them to a sleep specialist. If it's that resistant, we're not having success, it needs an expert — just like someone coming to me for their headache and migraine. There are doctors for sleep, and the answer …and again, I'm not board [certified] in sleep medicine. But this is where maybe they require pharmacological therapy, medications. Is there something else at hand? Like, there are conditions — neurological conditions — that don't allow people to achieve certain levels of sleep. And that's where medication comes in. But if … I have a patient who's reporting what you describe, then I'm sending them to one of my sleep specialist colleagues.

LaQuinda McCoy (24:04): There's a behavioral approach called sleep restriction therapy, which sounds counterintuitive. Yet it's sometimes used when the first-line approach hasn't worked. Can you explain what it involves, who it might help, and how it can safely be applied in people with migraine?

Dr. Cohen (24:28): So, this is a term used with different definitions. So, when I hear this, what I think of — and at least what *I* think how it should probably be done — is when I hear sleep restriction, is what I brought up earlier in the talk. Oversleeping can definitely trigger a headache and make you feel icky. Which is why my alarm is always set for eight hours — and I tell myself: "Wake up, because if you sleep in, Fred, you're going to get an attack."

Dr. Cohen (24:57): So that's where I know the term sleep restriction is not sleeping in. I don't know of it of getting less than seven, eight hours. You know, you'll have to ask a sleep specialist about that. But I do encourage my patients not sleeping in, not doing excessive sleep. And it's a big misconception. I have a lot of patients that say, "Oh, I need to have 10, 11 hours sleep or I feel icky." And listen, everyone's unique. I'm not going to be like, "No, that's not true." But the odds are that for most, yes, oversleeping can be worsening things.

LaQuinda McCoy (25:25): And I think, too, when it comes to the weekend, we tend to either sleep in a little longer than we do in the week.

Dr. Cohen (25:31): Oh yeah.

LaQuinda McCoy (25:32): And then, you know, we're getting these attacks. And so, that's great information.

Dr. Cohen (25:40): I figured this out for myself when I was in residency — where, on rotations where I'd be working in the hospital, getting four or five hours of sleep, no migraine. But then once I switched to clinic or something, where now I don't have to be up at 5, I'll be up at 9 — migraine

attacks. I'm like, "Why? I'm getting more sleep." It's the change in the rhythm; it's the change in schedule.

LaQuinda McCoy (26:02): Another one of our viewers, William, asks: “I've heard that if you do nothing else but improve your sleep, migraine improves, too.”

Dr. Cohen (26:11): So, again — not to diminish anything he asks — there is no one true treatment or a universal treatment. And I really want to stress that, because I get a lot of patients who get stressed when they did something their friend did that didn't work for them. I say, "Hey, this is unique for everyone." So there are individuals that improving sleep might not have an impact. And again, I don't want that to be discouraging.

Dr. Cohen (26:33): This is where talking to a provider such as myself, we have to find what works for you. I get this all the time with diet as well. There's no one true diet to rule them all. It's different for everyone. And the same thing goes there that — I'll admit, I can't really answer that question in this time frame. This is where you meet with someone like me, and we — there are a lot of questions I ask you. We get to the bottom of it — and I might not get to it in one visit. I've got to understand your migraine, your migraine attacks, your lifestyle, and then to identify what may be affecting you.

Dr. Cohen (27:07): The example — this is the crazy — I don't want to say the word "crazy," but a very uncommon example is: Long story short — over the course of about half a year, I had a patient who was getting migraine attacks that we were treating with medication, and she was bringing a headache diary. And over time, I noticed they were happening in the late morning … [I’d say], “Give me more information, write down more.” And I actually got what she would make for breakfast. Her trigger were eggs. That is not common. But for her, that was it. And I said, "No more eggs. Let's see what happens." And her migraine attacks went down a lot. Now, then she said, "Hey, my favorite food's omelets." I'm like, "I don't know what you want me to tell you. I just figured out your trigger. Sorry, it's going to be Egg Beaters, egg substitutes for you.”

Dr. Cohen (27:47): But the point is, for her, it was that — which I haven't seen that again, but that's my point. Working with a provider to sort of find that for you — that it might not be sleep. I have patients of mine who are well controlled with migraine who are working like crazy — getting three, four hours of sleep. And I'm like, "That's crazy." But for them, it doesn't affect them. So that's why I don't want to make any kind of blanket statement — that it might not for you, that might not be what's affecting you — and we've got to find what is.

LaQuinda McCoy (28:16): You mentioned the headache diary — and it's not a new concept.

Dr. Cohen (28:21): Nope.

LaQuinda McCoy (28:22): You know, there are some that you can put how many attacks you're getting, what that looks like, what were you doing before. Is there anything else that you should be tracking in that diary?

Dr. Cohen (28:34): What I recommend to patients when I first meet them is, start with that. Like, when you get a headache — where it was, how bad, what did you take, how long it lasted? Start with that. Then they come back to me, and I review it. And based on that, I might say, "OK, add this, add that." It develops over time. So I don't want to ever, also overwhelm someone. Start simple, expand later.

LaQuinda McCoy (28:59): For someone listening who suspects sleep is a major problem, what is the best way to bring this up with their provider?

Dr. Cohen (29:07): Simply put — first off — this is something you could bring up with your primary care doctor, if you have a headache doctor, headache provider, bring this up with them — that, bring up, "Hey, I'm concerned about my sleep." You know, no patient should … No patient should ever be shrugged [off] or diminished for a complaint they bring up. I would say if that happens, you need a new — you need to see a new provider.

Dr. Cohen (29:25): But it starts with that conversation. Ask yourself — and you can start with the sleep diary or keeping track, and then see if it affects you. Again, you might … And it's not that you have to investigate that. Your provider should ask follow-up questions to help investigate that. I know if I had a patient on their own bring up sleep, that there are certain questions I'll start asking, expanding on that.

Dr. Cohen (29:48): So it starts with just initiating that conversation with your provider. Don't — I would say — don't rely on Google or ChatGPT. Well, of course, I always encourage patients: Be your own advocate. Do your research. No one should feel discouraged to do that. But also to make sure you're going down the right path, talk to your provider.

LaQuinda McCoy (30:08): So it should feel more like a partnership.

Dr. Cohen (30:12): Absolutely. If you ever feel discouraged or diminished by your provider, you need a new provider. You need to have trust in your provider without a doubt. And in my opinion, it is a failure on the provider's part if they're not able to … What's the word I want to use? Like, if a patient ever brought up a complaint, I would never be like, "Oh, it's nothing," you know. And I might say, "Oh, hey, I'm not concerned about it. Here's why." Have that conversation, and make sure we come to an understanding. Not just that it seems like, "nah, nah, nah."

LaQuinda McCoy (30:47): Yes, I know a lot of people feel dismissed with bringing up certain topics with their provider. So, you know, it's good to hear one of your [pieces of] advice is, "Hey, if this isn't working, you might need to find a different provider."

Dr. Cohen (31:06): Absolutely.

LaQuinda McCoy (31:07): We have covered a lot — but for someone who's been living with fatigue and migraine for years and feel they have tried everything and nothing has changed, what would you tell them about what's still possible?

Dr. Cohen (31:23): There's a lot. I don't even know where to start with that. I mean, again, if you feel that your migraine has really put you in a rut, that you're not getting out of it: Are you seeing a headache specialist? Someone boarded in headache medicine? You know, again, I'm not trying to diminish primary care providers or neurologists, but it's the same thing why you see a cardiologist for a serious heart issue — is that level of care.

Dr. Cohen (31:45): I rarely have situations where the buck stops with me. Well, sorry, not that, that *I* have no more answers. And if I don't have any more answers, I usually have someone I know to send to. But if you — you know, in my opinion, you shouldn't be out of answers if you are seeing a headache specialist.

Dr. Cohen (32:07): I go to conferences yearly. We see what's in the works, the research, and it's knowledgeable also about … there are specialties within headache medicine. I'll give you an example: For me, I made my niche more so chronic migraine — also facial pain. I've been seeing a lot more facial pain patients and I feel very comfortable with that. So for instance, if I have someone who has some kind of not common migraine variant or headache variant that I'm not sure [about], I've got some ideas of where to send to. So there's no end of the road. There should never be an end of the road.

LaQuinda McCoy (32:39): What's the single most important step toward reclaiming truly restorative sleep?

Dr. Cohen (32:44): It's different for everyone. I mean, the first step is, again, sleep hygiene, I would say — evaluating that. But also, not shrugging it off. Not, "Oh, I'll take, take Tylenol PM or some kind of thing." Speak to your doctor because — again — if it's another condition like obstructive sleep apnea, you're not going to treat that with a pill, per se. And it's a risk factor for other life-threatening conditions.

Dr. Cohen (33:10): Again, not diminishing migraine. Migraine is extremely impactful and burdensome, as a migraine sufferer myself. But obstructive sleep apnea could lead to heart attack. And then, well, that's going to take you out. So that's why, if you feel that this is something affecting you, speak with your provider, because it should be investigated if it is a different kind of sleep condition.

LaQuinda McCoy (33:33): Where can we learn more about what you're doing and follow your work?

Dr. Cohen (33:38): Headache123.com is my website. I have a blog, a lot of educational materials, my publications, my works are up there. For instance, my latest thing, actually, is I work with a fantastic group with the International Headache Society — we just released the first guidelines on using neuromodulation devices, external devices, for migraine. So all my stuff is up there. And I also have social media; on TikTok, Instagram, my handle is my name: @fredcohenmd. I strive to do as much as I can — spread the word and advocacy.

LaQuinda McCoy (34:12): Any resources you'd like to recommend or offer our audience?

Dr. Cohen (34:17): There's a lot of good active groups out there promoting headache health: American Headache Society, American Migraine Foundation, National Headache Society, Miles for Migraine, The Headache Alliance. All these groups strive to improve headache care for those who don't have it. So, if you feel — not to sound so strong — but hopeless in a way, if you're really in a rut, there are resources out there and I encourage you to look them up. These resources are very good at connecting you with a headache provider. I strongly encourage anyone listening to look that up and get great help and care.

LaQuinda McCoy (35:00): So to wrap up, we talked about how sleep and migraine are tightly connected. When your sleep is off, you can become vulnerable to attacks. And also, that it is not a personal failure, but a system that can be reset. All right, perfect. Thank you, Dr. Cohen.

Dr. Cohen (35:21): My pleasure. And again, thank you very much for having me again.