



INTERVIEW TRANSCRIPT

DISCUSSIONS WITH WORLD-LEADING EXPERTS

Small, Sustainable Lifestyle Changes to Help Minimize Migraine

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Introduction (00:04): If you live with migraine, you've probably heard that lifestyle plays a role in managing your condition. But that advice can quickly turn into a list of impossible rules. Perfect sleep, no stress, a restrictive diet — and it can feel like another burden on top of the pain. But what if the goal isn't perfection? What if we focused on small, sustainable changes that can make your nervous system more resilient and better equipped to minimize migraine?

Introduction (cont.) (00:33): Joining us today is Dr. Rebecca Wells, founder and director of the Comprehensive Headache Program at Wake Forest and a leading expert in integrative medicine. Dr. Wells is here to help us cut through the noise and find those truly impactful small steps that can make a big difference. Dr. Wells, welcome back to the Migraine World Summit.

Dr. Wells (00:54): Thank you so much. It's such an honor to be here today.

Elizabeth DeStefano (00:58): When you talk about lifestyle medicine, Dr. Wells, in your headache practice, what does that actually mean?

Dr. Wells (01:04): That's such a great question. So let me begin by saying that there is an entire field of lifestyle medicine through the American College of Lifestyle Medicine where clinicians can actually become certified in lifestyle medicine. My background is in integrative medicine, and when I was coming through medical school, the terminology was even like “holistic medicine.” The terminology has changed over time; some people at one point called it complementary and alternative medicine.

Dr. Wells (01:35): Now it's complementary and integrative medicine. But the idea is that our bodies want to get better and our bodies want to heal, and there are lifestyle factors that can influence the healing and improvement of the health of our bodies. And so when I think about lifestyle medicine, I think about integrative medicine and modalities of things that we can do to improve our health without medications specifically.

Dr. Wells (02:10): And in fact, when we think about this, we can think about the things that we do every day — the day-to-day activities of our bodies to nourish ourselves, to move our bodies, to restore our health, and to manage disease. In general, when we think about lifestyle medicine, we think about things like nutrition, exercise, and with exercise and with nutrition, there's movement and there's fluid intake.

Dr. Wells (02:35): And then also we think about sleep, which is so important, and then also sense of purpose and community; these are all key factors. Stress, and the way that we manage stress. And then with specific lifestyle medicine, there's also the idea of avoiding unhealthy substances like drugs and alcohol.

Dr. Wells (03:01): So in general, the idea of lifestyle medicine and integrative medicine is using modalities of ways to influence our health without medications that incorporate all the aspects of our day-to-day lives.

Elizabeth DeStefano (03:14): So it sounds like this really rests on the principle of our bodies innately having the ability to do a lot, wanting to do a lot to keep us well, and then tuning in through a lot of different avenues to ways to support our body in best being able to do that.

Dr. Wells (03:32): Exactly. Yes.

Elizabeth DeStefano (03:33): So the acronym SEEDS — sleep, exercise, eat, diary, stress — often comes up in migraine care. Do you find that helpful, or do you use any kind of different framework to help patients set priorities in this area?



Dr. Wells (03:48): Yes. So SEEDS is a fantastic acronym, and I think it came about with several headache specialists. And so I think it is especially powerful because you think about seeds as something that you plant in the earth and allow to grow over time — it's like a nourishing factor. There are other acronyms that some people use. So another acronym that some people use is FAST, which is fluids, activity, sleep, and trigger management.

Dr. Wells (04:20): There's another acronym that some people use called SMART, which is sleep, meals, activity, relaxation, and trigger avoidance. So whether you want to go FAST, whether you want to be SMART, whether you want to nourish with SEEDS, I think all of the acronyms all come down to several key elements: activity, nutrition and fluid intake, sleep, and stress management and mechanisms to target stress management.

Dr. Wells (04:50): What's interesting is several of those acronyms also include the concept of triggers or trigger management or trigger avoidance. And then also one of them, the SEEDS, has the diary — keeping a headache diary. So whichever acronym works best; I think they're all fantastic because the idea of an acronym is allowing us to focus in on the key aspects of our own well-being that we can target. And so you might resonate best with one of them. Whichever one works best for you is great.

Elizabeth DeStefano (05:24): Well, it's interesting to me, as much time as I spend thinking about migraine personally and in advocacy, how helpful it actually is to have an acronym when I'm trying to think about covering the basics along with everything else and all other modalities I'm using. It really is helpful as a way to keep yourself honest about your focus across those. And I guess the fact that there are several is evidence of the fact that they're helpful to people — helpful reminders.

Dr. Wells (05:54): Yeah. And you can also think about what you do in 24 hours: You sleep, you eat, hopefully you move your body, and if you have a headache, you keep track of it or you avoid triggers. So there's different pieces of this, and hopefully we'll get into talking about triggers more. I have a lot to say about triggers. But in general, you can think about, "OK, what can I do?"

Dr. Wells (06:18): Because I think a big piece of lifestyle medicine and also in managing migraine is, "What do I have control over? What can I do in my day-to-day life that I can control that's going to increase the likelihood of health and decrease the likelihood of having an individual migraine attack or to experience the suffering and the debilitating pain and other symptoms associated with migraine?" And so, lifestyle factors and what we do day to day can impact migraine. And patients can have control over whether or not individual attacks happen.

Elizabeth DeStefano (06:55): And I think that's really helpful to think about things in terms of modifiable and nonmodifiable. What can we control and what can we not control? Sometimes what we can't control is so overwhelming, but to shift that focus to what we *can* and trying to really own that is empowering.

Dr. Wells (07:12): That's right. And one of the things that I've discovered is really important, and I always have to emphasize this when I talk about lifestyle factors, is that, yes, there are a lot of things that you can control that will decrease the likelihood of having individual attacks. However, migraine is a disease. We think of it as having genetic susceptibility. So individuals who have migraine attacks are prone to having attacks.

Dr. Wells (07:37): And one of the things that's really important is that me saying that you have control with these lifestyle factors is not me saying that when you have a migraine attack, it's your fault, or what did you do wrong, or you must not have been doing X, Y, and Z. I even had a patient who one time said she was telling a family member about her migraine, and her family member said, "Well, what did you do? What did you do to cause it?"



Dr. Wells (08:04): And so I think there's this real challenge, the "both/and." When we say that there are lifestyle factors that can influence the likelihood of having a headache, we have to be very careful that we're then not putting all of the blame and guilt on people when attacks happen and when migraine happens. Because migraine is a disease, and sometimes attacks happen, and you're doing everything right, and you can't explain it. And so I think it's very important to recognize that balance.

Dr. Wells (08:37): Because otherwise, if we say, "Oh, you have all this control," and then a migraine attack happens, then you think — or it's very easy to then assume — that, "I must not have done something right." And that's not the case.

Elizabeth DeStefano (08:53): That it's not failure. A migraine attack isn't a failure of something that you did or didn't do. It's a condition you have that presents itself sometimes, and what we're trying to do is see how often we can minimize the impact through the things that we can control, which is not everything.

Dr. Wells (09:10): That's right. That's right And the lifestyle factors decrease the likelihood of an attack. It doesn't erase the presence of the disease.

Elizabeth DeStefano (09:19): Right. Well, to that point, I think a lot of people with migraine have heard or felt at some point the idea that they're not managing stress well, and stress can cause migraine attacks, when in fact we know stress is not a cause of migraine, not a cause of having migraine — but can be one of the triggers of attacks, and in fact is very often one of the most commonly reported migraine triggers. Avoiding stress, however, in life, obviously, is not realistic.

Elizabeth DeStefano (09:50): You have facilitated a lot of very important research in this area, including on mindfulness, and I'd love if you could share a little bit about what mindfulness is and what you've learned in that area.

Dr. Wells (10:04): Great. Very, very important questions. And you said so many things that I can't wait to respond to. So let me begin by talking about stress. Stress is a part of life, and none of us are going to be able to avoid stress. And that's one of the things that's really important in recognizing migraine management — that we're not telling people, "Don't have stress," or if you have stress, there's nothing you can do about it, or that you're trying to remove all stress from your life.

Dr. Wells (10:38): That's just not possible in the lives that we live. So what's actually more important is the way that stress is managed, the way that we respond to stress. And I like to think more of regulation. One of the things that we are starting to understand — and we've often thought, "What is it about stress?" — stress is the No. 1 reported trigger for migraines. So what is it about the stress that sets off headaches?

Dr. Wells (11:08): I want to discover this. I can't wait to figure this out. But one of the things that's interesting is cortisol is a stress hormone, and it's released in the body when people are experiencing physiological stress. And what's important is recognizing that some of the research in headache suggests that it's not whether you have cortisol or not in your system, but it's the rise or the fall of that cortisol level that influences the likelihood of an attack.

Dr. Wells (11:35): So it's the coming up and the coming down and the rate of change of that. And so practices that allow us to modulate, to change our response to those stressors, can potentially create more of a steady state in our body. And so that's where practices like mindfulness may be especially helpful because there are different features of mindfulness.

Dr. Wells (11:35): But one is the actual mindful practice, like mindfulness meditation, where you can sit comfortably, often focus on a sensation like the breath, and focus your attention on the breath with



nonjudgment and a sense of curiosity. Being mindful is being in the present moment and being able to be present.

Dr. Wells (12:31): And the practice of mindfulness allows ourselves to increase our chance, when we have stress in our lives, of going from reacting — like something happens and you just react — to a stressful event that happens; you take note of what happens, and you cognitively respond to that. And so there's an irregularity in that of how you respond to stress. And so the idea with mindfulness is that it actually gives you the space to respond to stress.

Dr. Wells (13:05): So mindfulness doesn't remove stress from your life or cure you of stress or make it never happen again. But what happens is, when we all experience stress, with mindfulness, we can then choose our response to that stressor. And so I think that's really powerful. It gives another tool in the toolbox. Now, one of the other pieces of the research we've done with mindfulness is that part of mindfulness is this nonjudgmental piece, which means we don't apply labels to things and we just notice.

Dr. Wells (13:43): And so one of the questions we've had is: Does being more mindful change our relationship to pain and actually change the way we perceive pain, as well as the way we relate to pain? We've done some very fascinating research that showed that mindfulness actually changes that pain perception in people with migraine.

Dr. Wells (14:06): And so when there is an attack, often it's so easy to get into anxious pain catastrophizing, where you're thinking about the impact that this migraine is going to have on your life. And with mindfulness, the practice is, let's just notice this pain. And what do I need to do in this moment? Rather than going into the cognitive, emotional spiral that often happens during migraine attacks.

Elizabeth DeStefano (14:32): And I can certainly relate to that, as I can to this idea — I remember years ago when I heard about the idea of welcoming or even accepting your pain, it would almost anger me, the thought of that. How could I want this? And then really thinking more about that and this idea of a different relationship with it.

Elizabeth DeStefano (14:53): And I'm curious: The benefits of being able to change our response and modulate that cortisol rise or dip, does that come in the moment of practicing, or is it supported by practicing outside of the moment so that a different response is kind of hardwired in between attacks?

Dr. Wells (15:19): Both. And that's the practice. So individuals can practice mindfulness meditation. And the idea is that a daily practice of that enhances your likelihood of being more mindful in day-to-day moments. And so it's the "both/and."

Dr. Wells (15:37): Now, one of the pieces that I've learned in talking to people with migraine about mindfulness that I have had to be very careful about is sometimes there is this idea that if I say, "Oh, mindfulness is helpful for your migraine," then that's also saying that migraine's all in your head or you're making it up, or it's all psychiatric. Like if you just meditate it away, you're not going to have any of that pain.

Dr. Wells (16:06): And it's very important that we clearly identify that migraine is a biological disease. And the practice of mindfulness may influence the likelihood of these individual attacks of the disease of migraine. It is not saying that migraine is all in your head or that it's all psychiatric. And so it's very important to distinguish that because, again, I'm not trying to create more guilt that this is all your fault or that this is because of what you're doing or not doing. We're trying to identify, what are some strategies that may help?



Elizabeth DeStefano (16:50): Now, for some of us who are newer to these terms, can you clarify what the difference is between mindfulness, meditation, and mindfulness meditation?

Dr. Wells (17:03): I'm glad you asked. This is great. OK, so meditation is typically thought of as an active state of being where individuals ... there's different types of meditation. There are different varieties and variations, just like with yoga. There are all these different types of it. But in general, with mindfulness meditation, there's often a focusing on a sensation like the breath.

Dr. Wells (17:36): So there's a focused attention piece to mindfulness meditation where there's a focusing on a sensation like the breath or visual imagery or something. Breath is often most commonly used because we all breathe. And so there's a focusing on the breath, and when thoughts come into the head — which they will always do because we're human beings with cognitive brains — when thoughts come in, to gently notice them and let them float away, and return the sensation and focus back to the breath.

Dr. Wells (18:10): There's also with mindfulness meditation an awareness practice where you can sit and instead of focusing on the breath, you're mindfully noting what's in your present state, whether it's smells or other sensations or what you're hearing or what you're seeing and just noticing. So that's an active practice where often people can do it. Now you can practice mindfulness meditation very concretely sitting. You can do walking meditation. You can do movement.

Dr. Wells (18:42): Yoga is a form of a meditative experience — if you use it as such; it can be used in exercise, too. But mindfulness meditation can come in a variety of forms. And then mindfulness meditation is a type of meditative practice. Then there is that state of being mindful. And that is being in the present moment and being in this nonjudgmental state of just noticing things.

Dr. Wells (19:14): And so, like I mentioned, practicing mindfulness meditation enhances our ability to be more mindful in day-to-day moments. And some people are naturally more mindful than other people. As human beings, we're all born with an innate capacity to be mindful. If you notice and observe children — one of the reasons it's so lovely to be around children is because, especially young children, they're not thinking about tomorrow. They're not thinking about yesterday. They're thinking about right now in this present moment.

Dr. Wells (19:46): And part of that is part of the brain growth. When the brain's development is such that early on in our state, we can only live in the present moment. And then as the prefrontal cortex develops and we're able to think about the future and the past, then all of a sudden it becomes harder to just be in the present moment. It is hard. It's very hard.

Dr. Wells (20:12): And now with our lives as busy and full and with so many distractions, it becomes even more challenging to be in the present moment because we've got so many things pulling at our attention. And so in the current environment where we live, being mindful feels like such a change because we're constantly in other states with distraction.

Dr. Wells (20:35): And that seems to be that now it may be even more important than ever for us to find these strategies of how to increase and incorporate mindfulness into our daily lives.

Elizabeth DeStefano (20:47): What would be a good way for someone to start a practice of mindfulness or meditation? Maybe someone who hasn't explored that area yet or might think, "I'm not good at that" if they've tried in the past. Something that's really realistic and achievable.

Dr. Wells (21:04): So first of all, none of us are good at it. As a practice, it's a seemingly simple idea, but it's very challenging in practice. So it's hard for all of us. I wish I could say that over time, it becomes simple, simple, simple. Actually, as human beings, it's always a practice. And that's why it's



called a practice. You practice it. It doesn't just happen. Now, my recommendation for mindfulness is often to begin with a class.

Dr. Wells (21:40): In the past, almost all the classes were in person, and that often came with challenges. But now there's so many online classes people can take. There's so much increased access and availability. One of the things that we often see when people start practicing strategies like mindfulness is that initially stress can increase — or I should say, the perception of stress can increase. Because often in our day-to-day, busy, full lives, we're dealing with a lot of stress.

Dr. Wells (22:14): And sometimes when you slow down and you start noticing it, the stress in your life hasn't changed, but all of a sudden you're more aware of it. And you start thinking, "Oh my God, my stress is higher now. This is worse. I'm even more stressed because I see how much stress there is." And so often, initially, when someone begins practicing, there can feel like there's an increase in stress. And what's really important is to recognize that that's a blip and that's part of the process.

Dr. Wells (22:46): And it's often only with awareness of all of the stressors in our life and how we're living such full lives that then we can start addressing, "How are we going to manage this? How are we going to deal with this?" Whereas before, we were just putting out fires. So it's really important. I think one of the benefits of a class is that you can have a teacher who can guide you through and answer these questions because it is a practice.

Dr. Wells (23:11): And it doesn't happen overnight — gaining these skills and learning the constructs and the understanding of it. And so I often recommend taking a class with a teacher so that there's space to ask these questions and to try to figure this out, and to relate, and, "How do I fit this into my life?" To ask and answer these questions I think is really valuable.

Elizabeth DeStefano (23:36): So let's touch on sleep, nutrition, and exercise, each of which we have interviews dedicated to this year. Let's start with sleep. We often worry about getting a great solid eight hours of sleep every night, which in and of itself can create anxiety if it's a challenge. In your experience, what's the single most powerful change related to sleep — whether a consistent bedtime, a consistent wake time, total duration, or something else?

Dr. Wells (24:10): I wish there was one fix-it-all answer. I think what's important is prioritizing sleep. So actually recognizing the value of sleep. And it's kind of ironic because in our culture — our culture doesn't really value sleep. We value productivity. And so shifting to prioritize that sleep is important. And then once you prioritize sleep, then you can do all the strategies.

Dr. Wells (24:39): I recently heard this great quote — I wish I could tell you who it was from — but it's like when there is a "why," then you can figure out the "how." So it's like with sleep, if you prioritize the why — like, "this is important" — then you can figure out all the different strategies to the how. I think that is really true with sleep. And so everything you just said is all true with sleep.

Dr. Wells (25:08): A consistent sleep routine, going to bed and waking up at the same time every day, decreasing your screen time in the evening, creating a ritual around preparing for sleep — all of these are specific strategies that support the priority of sleep. One of the most interesting aspects of research in the last few years that's really important that I want to highlight about sleep is that — and this also goes to triggers, too — historically people will say bad sleep or if I miss sleep, it will trigger a headache.

Dr. Wells (25:42): There's some research now to suggest that people may have an onset of a migraine attack and that onset of a migraine attack will disrupt sleep, and that's during that prodrome period before the pain has begun. The next day, the person's like, "God, I got horrible sleep last night. That's going to set off a migraine." And in actuality, it didn't set off the migraine; the migraine had already



begun. And so that's another piece to this guilt of like, "I didn't get good sleep last night. It's my fault. Now I'm going to have a migraine." Actually, maybe the migraine had already started.

Dr. Wells (26:19): So I think we're actually moving into a new space with research around sleep and all of these lifestyle factors, but especially with trigger management because we're starting to see — not just with sleep but with other factors — that it's possible that the migraine has begun before whatever diet or sleep or other things are taken in. For example, with diet, we used to have this huge long list of foods to avoid. For many people, that's really powerful. And many people have found specific foods that set off an attack every single time.

Dr. Wells (27:30): There's some research to suggest that it's possible that a migraine attack begins and it's in the prodrome, so there's no pain, but people might have food cravings that lead them to eat chocolate or other things. So the migraine has already begun before the intake of the food that then seems to be the trigger for the headache. So it's not actually triggering the headache. It's just part of the experience of the migraine.

Elizabeth DeStefano (27:25): So it may not be the chocolate that triggered the migraine attack. It may be the attack was in progress, perhaps in a pre-pain, prodrome phase, and you craved chocolate. I take a lot of comfort in that as a chocolate lover.

Dr. Wells (27:37): That's right. That's exactly right. But again, we're in the early phase of understanding all these nuanced differences. In general, shifting from sleep to nutrition, my recommendation for nutrition ... I can't wait to hear the experts speak on nutrition and diet and migraine because I think there's a huge impact of diet and nutrition on migraine. And all these different diets; which one is best?

Dr. Wells (28:04): In general, what I recommend is fresh fruits and vegetables — focusing on fresh, healthy, avoiding processed [foods]. Which, again, in our culture is challenging. So it has to be a priority of really focusing on fresh fruits and vegetables, staying well hydrated, water, limiting caffeine, and all of these factors that are important not just for migraine but for our overall health.

Dr. Wells (28:35): Like our heart health, our brain health — all of these things, if we do these factors that are important — sleep, nutrition, exercise — all of these things that improve our brain health with migraine, they're going to improve our heart health and we're going to feel better and have more energy. So it's a nice cycle where all of these things that we can do to improve migraine are going to improve our overall health and well-being and long-term well-being.

Elizabeth DeStefano (29:03): Well, that's wonderful. I love what you're highlighting here, which is that all of these variables are important. They matter as part of our migraine support. But in order to get to the how of each — sleep, nutrition, exercise — we really have to buy into the why. And that may mean that we could use a little more information to really prove to ourselves how each of them connect not only to better migraine outcomes but also to our overall health so that we're more motivated in the how.

Dr. Wells (29:35): Exactly. And one of the things that's interesting is all of these modalities are about taking care of ourselves. Self-care has a lot of different connotations and meanings. But in this, let's just take a moment and talk about taking care of ourselves. What's interesting is in other diseases like heart failure, for example, good self-care is associated with better outcomes. And I would imagine if we do this in migraine, we would find that to be true, too.

Dr. Wells (30:06): When people are prioritizing their health and well-being through diet, nutrition, exercise, and sleep, their overall health and well-being, reflected through migraine, will improve as well.



Elizabeth DeStefano (30:21): And considering those part of medical or healthcare versus luxuries.

Dr. Wells (30:28): Exactly. There is a whole self-care luxury world out there now. And that's not what we're talking about. I think that's a really important point here. I think there are aspects of taking care of your health and well-being that require money and time and effort. And there's a whole industry that's supporting all of that. And that can be helpful, too. But what we're talking about is day-to-day things that we all do. We have to eat. We can't just not eat. We have to eat. We need to sleep.

Dr. Wells (31:01): We need to move our bodies. And how can we do each of those in the most healthy way possible that's going to help enhance all of our aspects of well-being? And migraine is a big piece of that.

Elizabeth DeStefano (31:17): You touched on exercise, Dr. Wells. And I mentioned that we'll have an interview on exercise this year. And that was really dedicated to the idea of how to pursue movement when exercise can be a trigger for some people living with migraine. How do you coach or advise people with migraine about the role of exercise in their lives?

Dr. Wells (31:39): Great question. So there's different pieces to exercise. There's going to the gym. There's going on a walk. There's moving. There are different things in terms of exercise and sedentary behavior; in moving your body versus sitting in a chair all day. The thing that I find most important with exercise is, I often ask people, "What do you enjoy doing?" Or, "What did you do when you were a kid?"

Dr. Wells (32:06): Because we know that if people do what they enjoy doing, they're going to do it longer and stick with it. It's so easy to start a new exercise program and do it for a day, a week, a month, or a year, and then it's done, right? And migraine is a disease that typically can last an entire lifetime. So we're not talking about something you do for a day or a week or a month. We want to incorporate exercise and movement into something that's long-term and not a quick fix.

Dr. Wells (32:35): So I find that asking people to reflect on what they do that they enjoy or what did they do when they were a kid and there weren't all of the constraints of adulthood. Because when people find things that can fit into their lifestyle that they enjoy, they're more likely to do it. Is there one exercise that's the perfect migraine exercise? I don't think so, because there's no one exercise that's perfect for all human beings. Do you like to dance? There's Zumba.

Dr. Wells (33:07): Do you like to go on walks and be in nature? Do you like to swim? Do you like to lift weights and strength train, which can make you feel stronger? All of these pieces. And do you want to do all of it? Do you want to do a little bit of everything? So I think finding the strategy that's going to increase adherence, which means people enjoy doing it.

Dr. Wells (33:30): And that's what's most important, because we want people to continue to do stuff and not feel like it's drudgery, like it's just painful. "Ugh, the doctor said I had to go to the gym, so I have to go to the gym." That's not going to last. And really, our goal is to enhance people's lives and fill people with joy. And so we want that exercise to support that process.

Elizabeth DeStefano (33:52): I love that — that idea of movement connecting to your joy and how much more motivating that, of course, is. So outside of stress, sleep, nutrition, and exercise, what other lifestyle factors do you find most meaningful in supporting migraine management?

Dr. Wells (34:11): I think one of the most important things that we don't talk enough about in migraine is self-compassion. We did this study where we interviewed patients with migraine and asked about, how does migraine impact your life? We were really shocked at how much people describe the impact that migraine has on lives beyond depression and anxiety, in terms of their well-being. In terms of guilt, stigma, and feeling bad about themselves.



Dr. Wells (34:46): We had one patient who said, "Something's wrong with my diseased brain. Like, what is wrong with my brain?" And I think, again, coming back to this feeling of guilt and burden — that we're a burden to other people. We can't be the friends that we want because we're not reliable because we have these unpredictable attacks that happen. So that self-compassion piece of taking the space to give yourself grace and to practice that self-compassion piece is so important.

Dr. Wells (35:17): There was actually a great study that was recently done out of the Turkish Headache Study Group. I hope one day I'm going to meet this group because they've done some really cool research. They actually looked at self-compassion in patients with migraine compared to healthy controls. And they actually found that there was a decline in self-compassion in patients with higher migraine attack frequency.

Dr. Wells (35:44): So they came to the conclusion that increased migraine severity may negatively impact patients' emotional resilience. As migraine attacks become more frequent, one of the things that may happen is the increased guilt, increased stigma, and increased frustration. And that practice of self-compassion — of giving yourself grace — is really, really important. I think as a field, we have a long way to go to understand how we can enhance self-compassion in our patients with migraine.

Elizabeth DeStefano (36:19): Oh, I really appreciate you bringing that up. I think this is really fascinating. I think about how much I had struggled for many years with this idea of feeling "less than." Less than I could have been in all of these different roles in my life. And feeling disappointment in that, and not realizing over time that that had translated a little bit to almost disappointment in myself.

Elizabeth DeStefano (36:43): If I heard that in one of my colleagues with migraine or one of my friends with migraine, I wouldn't be able to believe it because they're such extraordinary people. But it's a little bit heartbreaking to think about just what could gradually happen over time and the idea of looking at that purposefully and pulling in the very necessary aspect of self-compassion. I think that's a fantastic thing to have introduced and to focus on.

Dr. Wells (37:12): I think as a society, we need more self-compassion. And I think with the disease of migraine, it's so important because there's so much stigma against it. So targeting and enhancing our ability to give ourselves grace I think is very important.

Elizabeth DeStefano (37:31): What about things like social connections and sense of purpose as part of the whole lifestyle medicine approach to comprehensive migraine management?

Dr. Wells (37:44): Absolutely. I think this is really important. I think it's an area where some other fields have done some great research. If you look at aging and the sense of loneliness and the impact — we now know what an impact loneliness has in the aging world. But what does the impact of connection have in the migraine world? The Migraine World Summit gives an opportunity for connection.

Dr. Wells (38:07): And I think that as Migraine World Summit and other advocacy organizations have grown in the field of migraine, I think it's so important because part of migraine is the isolation. I can't tell you how many times that I will be caring for someone with migraine and they will say, "I've never talked to anyone else with migraine." Or because of the stigma, "I don't like telling people I have migraine, so I never talk about my migraine." Or, "I want to hide."

Dr. Wells (38:31): "I don't want people to know that I have migraine because I'm ashamed," or "I want to push through." There was a wonderful patient recently who said this beautiful statement: "I have faked being well, but I have never faked being sick." I'll have to find the exact person who said



this because it was a patient advocate who said this, that “I have never faked being sick, but I have faked being well. “ But this piece of migraine is isolating.

Dr. Wells (39:09): So actually bringing people together into community, especially other people with migraine, is very empowering because people do not realize they're not alone. I think that's a very important piece. And so I think that we need to do some more research in the field of migraine to understand the impact of community, to understand the impact of both within the field of migraine — like community with others with migraine — but also, like you said, those connections, connecting with other people. And that's one of the aspects that migraine takes away.

Dr. Wells (39:42): Some people with migraine not only will say, “Migraine attacks are so disabling that I can't do things”, but, “Because I've become so unreliable, I've stopped planning to do things.” And so then all of a sudden you're not connecting with the people in your life and with others in your life that are important to you. That's so sad. And that's the disease taking away something that's really important to health and well-being.

Dr. Wells (40:13): Purpose in life and life satisfaction, I think, are really important factors in overall health and well-being. I think we've got a lot of work to do to understand all the nuances of how important that is with migraine.

Elizabeth DeStefano (40:28): Well, we've covered so many important elements, all of which could point us to an actionable small step that could together make a big difference in being a part of our whole approach to managing our care. Yet a lot of people who live with migraine say that these types of discussions aren't ones that come up with their provider. Discussions around medical management don't also pull in that lifestyle strategy piece. How can people feel empowered to bring that up themselves to best integrate it into their other approaches?

Dr. Wells (41:06): Yeah, I think it's a great question. I think asking the question is very important. I think one of the challenges is that we expect that our clinician who is treating us will be well-versed and educated in all of this. And unfortunately, in our medical system, we're trained really well on how to treat disease. We're not as well trained in how to promote health and well-being.

Dr. Wells (41:33): And so I think that this is why there's such a field outside of clinical practice that's targeting health and well-being, because the medical system is built to treat disease. So I think it's really important to ask the questions and discuss. But the expectation that there's different training for different people is also very important to recognize. And some clinicians may be more or less well versed in additional modalities outside of pharmaceutical approaches.

Dr. Wells (42:08): So it's also important to recognize — I'm a clinician and I care for patients and I use an integrative approach that's like a both/and, all of the above. I think pharmaceutical options are fantastic. And I also think integrative medicine options are fantastic. And it's sometimes hard to incorporate everything in the amount of time that we have during a clinical visit. So sometimes I'll start with one approach and then say we're going to talk about other things in follow up.

Dr. Wells (42:34): And so this is where it's a management-over-time piece, too. I wish we could incorporate every single thing that's important at every single visit. Often we don't have the capacity for that. And so I think that's also really important to recognize — that this takes time.

Elizabeth DeStefano (42:50): Well, and that's such a great practical point, which is if we're in a provider-patient relationship and we have the ability to stagger or flip the order of our focus from visit to visit so that we recognize the practical constraint of time, too, in appointments; that that's one way.



Dr. Wells (43:10): I'll add to that. Also, letting your clinician know what your priorities are is also really important. What your background is and what you want to focus on; what your goals of care are; I think that's really, really important.

Elizabeth DeStefano (43:31): That's another great point, because my goals could be very different than the goals of someone who came in to see them right before me. So to offer some guidance in terms of an individual.

Dr. Wells (43:41): And as a clinician, I am not shy to say that sometimes I assume I know what patients' goals are, and then they're not what I assume them to be. So I actually ask people, "What are your goals of your care?" very explicitly. Because sometimes I make an assumption that somebody wants this or somebody wants to target this, and it's not what I'm thinking.

Elizabeth DeStefano (44:05): So if we're not asked that, perhaps we could proactively share that to get things pointed in the right direction. That's great. So now for someone who is listening who might feel overwhelmed — maybe it feels like a little bit of everything is off: sleep is off, stress is off, or [they have] frequent or severe pain. Where could you suggest that they start in taking some steps in regards to what we've discussed?

Dr. Wells (44:32): Well, there's a couple of pieces to this. So first piece is, I often think, "Let's focus on one thing." Now, with behavior change research, there's actually a debate. There are some people who say if you target everything all at once, then there's bigger change and a bigger impact, and you're more likely to adhere to whatever it is you're changing because you've seen such a dramatic improvement.

Dr. Wells (45:00): My clinical practice is often that if you begin with just one thing — let's just focus on one thing and make one change — then it's not disrupting your entire way of being and your entire day-to-day life. You're just prioritizing one shift. So I think practically it's easiest to say, "What is the one area that I can shift? What is the one area that I can prioritize to make a shift?" But some people may be like, "I am all in. I am ready. I'm going to target it all."

Dr. Wells (45:31): And that might [not] be the approach either. So even in how you approach behavior change, there's not a one-size-fits-all approach. It could be either way.

Elizabeth DeStefano (45:41): Great point. Well, what gives you hope when it comes to helping people use these lifestyle medicine or lifestyle factors to better manage migraine?

Dr. Wells (45:52): I will tell you, research gives me hope because we are discovering more and more every day and every year with migraine. And it makes me so hopeful that we have so much more to discover. Historically, there hasn't been a lot of research in the field of headache. And the fact that we have more research now gives me so much hope because we're discovering so many things that are so important. And every time there's a new discovery, it's validating.

Dr. Wells (46:24): Sometimes we scientifically understand something that people with migraine have been experiencing for a really long time, and they thought they were crazy. And now we can say, "Oh, this is why you're having that. You're not crazy at all. And you can tell your friends and family this is what's biologically happening." So I think research makes me really hopeful. Speaking of research, we currently are conducting a clinical trial in adults with migraine.

Dr. Wells (46:48): The entire study is online. And it involves eight weekly classes where people learn more information that may help their migraine. Anyone residing in the United States may be eligible. In the notes section of this interview, we'll have a link for that clinical trial. It's called BE WELL with Migraine: Brain Education and WELLness with Migraine. It's a study that we're really excited about because it's online, so people can do it from the comfort of their home.



Dr. Wells (47:19): Anyone residing in the United States can participate. And we're just very, very excited to be able to conduct this research to better understand so many of these things we've been talking about today.

Elizabeth DeStefano (47:29): Well, that's really exciting. Thank you for sharing that. As you mentioned, we'll have links available for everyone to learn more and potentially participate. And thank you also for pursuing that and all of the research that you have mentioned that is a cornerstone of all of the progress and the hope that we have for the future in migraine and headache medicine.

Elizabeth DeStefano (47:51): We all owe a lot to you and all of the other practitioners and researchers who are advocating for improvements and advancements in this area.

Dr. Wells (48:00): Thank you.

Elizabeth DeStefano (48:01): Dr. Wells, where can people learn more about you in addition to the study and the work that you do?

Dr. Wells (48:09): Great. Well, we can give you a link to where you can find information about me. I am at Wake Forest University School of Medicine, Atrium Health Wake Forest Baptist. I've been here in Winston-Salem, North Carolina, for over 12 years. And I'm really excited to be here and to be doing this work.

Dr. Wells (48:29): And I'll add another point about research: Because I do research, I'm not in clinic every single day. And one day I had a patient who said to me, "You know, it's too bad you do that research and you can't help more patients like me." And I thought, well, this patient doesn't understand what research is. So now I actually tell my patients that I conduct NIH-funded research so that I can help *all* patients with migraine. I think that's really important to realize — that we all have different ways that we can help people.

Dr. Wells (49:07): For me, I like being able to help people in clinic. And I also like being able to help people with research. I'm happy to give you a link with my information and more information. And I'm excited and hopeful for lots of questions. I think in this area, there's so much more research that needs to be done to fully understand: What is the best type of exercise? Maybe there is a specific type of exercise that's the best one for people with migraine. What is the best diet for people with migraine?

Dr. Wells (49:35): Maybe there is one diet that's the best for everyone with migraine, or with people with this type of migraine versus this type of migraine. So again, coming back to that hope, I'm so hopeful that we're going to be able to start to answer even more questions. What we know now is that these factors are playing a role and that they're important and that they can make a difference.

Elizabeth DeStefano (49:57): Well, thank you so much, Dr. Wells, for again joining us on the Migraine World Summit. You've really helped us here in this interview home in on how small, consistent steps in lifestyle medicine could really, additively or individually, be very important parts of our comprehensive migraine management. And for that, we're very grateful. So thank you so much again, Dr. Wells, for joining us.

Dr. Wells (50:22): You're welcome. It's an honor to be here.