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I want to be alone status

Medically reviewed by Deena Kuruvilla, MD — Written by Zawn Villines — Updated on July 21, 2020Status migrainosus is a type of intractable migraine. It is a migraine attack that lasts longer than 72 hours.A person's usual migraine treatments may not relieve status migrainosus. But a number of options are available to help manage it.The episodes can interfere with everyday life and become debilitating. To break the cycle of symptoms, a person may need treatment in a hospital.In this article, we look at what causes status migrainosus, how it differs from other types of migraine, and what can relieve symptoms.Share on PinterestThe symptoms of status migrainosus last longer than those of a typical migraine episode.Status migrainosus is a severe migraine episode lasting more than 72 hours. A person may experience the same symptoms that characterize their typical migraine episodes, but the symptoms may be more intense.The main feature of status migrainosus is that the headache and other symptoms are long-lasting. The usual ways of managing symptoms, including rest and medication, often do not work, and hospital treatment may be necessary.Most migraine episodes follow a distinct pattern. This may begin with a warning period, which may feature visual disturbances or other types of aura.Next, during the attack phase of a migraine episode, a person may experience a headache and:nausea and possibly vomitingfatiguesensitivity to light and noiseAs these symptoms start to fade, the person may experience a migraine "hangover," which can last hours or even days.The sequence of symptoms can help a person distinguish a migraine episode from other types of headache.In status migrainosus, the headache phase lasts longer than usual — at least 72 hours, or 3 days.For some people, the pain and nausea of status migrainosus are so debilitating that they have to spend time in a hospital.The symptoms are similar to those of other types of migraine, but they last longer and can be more severe. Also, migraine symptoms can vary from person to person and episode to episode, but they often appear as follows:Prodrome phaseA person may experience mood changes, food cravings, nausea, difficulty sleeping, trouble concentrating, sensitivity to light and sound, and other issues. These may last a few hours to several days.AuraIf a person experiences this phase, they may have vision changes — lights or unusual formations may form in the field of vision. A person may also experience numbness and tingling on one side of the body. This phase may last from 5 minutes to 1 hour.Headache phaseThe headache may be intense and throbbing. It is often on one side of the head but may spread to the other. For a diagnosis of status migrainosus, the migraine must include: a headache that lasts longer than 72 hourspain that is debilitating, rather than just troublesome A person with status migrainosus may also experience:Changes in consciousness: These may involve difficulty concentrating and communicating, confusion, and sleepiness.Nausea and vomiting: A person may be unable to take in food or drink, increasing the risk of dehydration and additional symptoms.Other symptoms: These may include weakness and tingling, nasal congestion, pain and stiffness in the neck, anxiety, and low mood.The pain may temporarily improve with medication, rest, or both. There is no definitive test for migraine. Regardless of whether a person sees a doctor during or after an episode, the doctor may:ask about symptomstake a medical historyperform a physical examinationdo other tests to rule out, for example, a stroke or brain injuryStatus migrainosus only occurs in people who have migraine. To help decide whether a person has status migrainosus, a doctor may consider whether the person's medical history includes:at least five previous migraine episodes that each lasted 4–72 hours and occurred without an aura two previous episodes of migraine with an auraThey may also test neurological performance or request an MRI to rule out other issues.No treatment can cure migraine, but medications can shorten the duration of status migrainosus symptoms. Standard treatments focus on relieving pain, nausea, and other symptoms. Options include:oral medicationsnasal spraysintravenous fluids and medicationsDehydration can be a trigger for migraine and worsen symptoms, so it is important to prevent vomiting.In an emergency setting, a doctor may use specialist drugs to help break the cycle of symptoms. These treatments can include:triptans, which tighten the blood vesselsanti-seizure medicationantihistaminessteroidsmuscle relaxantsantipsychoticsin rare cases, opioidsIf the person is vomiting, the doctor can inject these medications. There are ways to prevent migraine episodes and status migrainosus. There are also ways to reduce the frequency or severity of episodes.Options include:antihypertensive drugsantidepressantsanti-seizure drugsBotox injectionscalcitonin gene-related peptide, or CGRP, pathway monoclonal antibodiesSome nondrug options may also help, including acupuncture, biofeedback, and relaxation techniques.Living with migraine can be difficult, especially for people who are prone to status migrainosus.Beyond the immediate symptoms, migraine can have long-term social, financial, and psychological effects. Anxiety about an episode occurring, frustration about unfulfilled plans, and a range of other challenges can make life with migraine difficult.Support groups may help. They also provide opportunities to share and learn new ways of managing symptoms. One example is the American Migraine Foundation's Move Against Migraine online community.Counseling may also help a person manage the effects of pain and anxiety that can accompany a chronic medical condition.Find more tips for coping with migraine here.Avoiding triggersMany people with migraine notice that specific factors can trigger episodes.A person can learn to identify their triggers by keeping track of what occurred in the lead-up to a migraine episode, including dietary, emotional, and environmental factors. The next step is to find ways to reduce exposure to these triggers.Common triggers of status migrainosus include:hormonal imbalancesstresschanges in medication, such as antidepressants or birth control pillsinjuries to the neck or headchanges in sleeping or eating patternsweather changesinfections, such as a cold or the flusurgery on the head or faceRemaining hydrated and getting enough rest may help reduce the frequency of episodes. People should aim to drink at least 60–80 ounces of water per day.Can changes to the diet help prevent migraine? Find out here.Status migrainosus can be frightening and painful. Understanding what causes these episodes and taking steps to avoid triggers can help ease any anxiety and prevent the issue from returning.Also, a specialized treatment plan may help prevent episodes or reduce their severity.After experiencing status migrainosus, a person may wish to consider seeing a neurologist who specializes in migraine for further assessment and advice. 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