

Patient History

A 69-year-old female with symptoms of migraine presented for evaluation at a neurological center. The patient reported that her migraine symptoms had begun during childhood, then worsened with age until finally peaking in severity at perimenopause (45 years). Her early medication regimens provided no relief until the availability of triptans. When using triptans, she experienced temporary relief from headache until the efficacy would inexplicably cease. Patient reported that rescue medication were “effective” but led to rebound headaches. Non-medication remedies either worked temporarily or not at all. Several years before presenting for evaluation, she had attended a 10-day inpatient pain program, where she received both medications (preventative and rescue) and lifestyle education. Not unlike the triptans, the helpful effects were temporary. At present, she experiences both prodromal and after-effects of severe fatigue and confusion; classic visual auras precede some headaches. After evaluation and examination, the neurologist confirmed the diagnosis of chronic migraine.

Medication and Treatment History

Relief Attempts → Results

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| <ul style="list-style-type: none"> • Verapamil • Nortriptyline • Botulinum toxin type A • Mirtazapine • Methergine • Cefaly[®] medical device • Naratriptan (current rescue) | <ul style="list-style-type: none"> • No Relief • No Relief • No Relief • Effective preventative but eventually quit working • Effective preventative but eventually quit working • Temporarily effective to abort headaches but eventually became ineffective • Provides relief but causes postdromal fatigue, 12 hours post administration |
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SpringTMS Therapy

- Patient was prescribed the SpringTMS to help abort and lessen migraine symptoms.
- Prescription: Administer 6 pulses BID, with up to 9 pulses as needed to achieve abortive pain relief.

Results

- Reports ↓50% in headache days and rescue medication use.
- Headache severity ↓40%, and ↑ productivity during headache episodes
- Exercise, gardens, and fully participates in social activities
- Abortion of headache when sTMS pulses are administered early in headache onset (pre moderate/severe level)
- ↓daily medications

Summary

Before SpringTMS

- 12-18 severe migraine days per month
- Used abortive medication 2-5 times per week
- Side effects from abortive medication including rebound headache and fatigue

After SpringTMS

- **>60% reduction in severe migraine days to ≈ 5 per month**
- **Using abortive medication 0-2 times per week**
- **No side effects or rebound headache from sTMS**