

Migraines:
M.A.G.N.U.M.
versus
Excedrin Migraine

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Introduction

M.A.G.N.U.M. (Migraine Awareness Group: a National Understanding for Migraineurs) is a national organization that has devoted itself to spreading awareness about migraines. Through the use of various media types, it hopes to discount the popular myths and "wives tales" concerning migraine headaches and their related symptoms as well as bring attention to available treatment options and lobby for better ones.

Brief Overview of Migraines

Put simply, migraines are one of the most common types of headaches and are characterized by throbbing or pulsating pain that is either often one-sided - though not necessarily localized - caused by sudden constriction followed by dilation of blood vessels in the brain.

Symptoms include, but are not limited to, the "aura," blurry or blocked vision, nausea (which may or may not include vomiting), fatigue, sensitivity to light and/or sound, and numbness and/or tingling sensations in face or extremities.

Some migraine triggers may include caffeine (usage or change in intake), alcohol, aspartame and other food additives, changes in sleep patterns - just to

name a few.

As the standards for diagnosing headaches were first developed in 1988, prior treatments consisted of various medications used for other ailments, such as aspirin, ergots (suppositories), antiemetics (anti-nausea meds commonly prescribed to cancer patients), and NSAIDs or anti-inflammatories. Combination drugs such as Midrin, which contains acetaminophen (found in Tylenol and Excedrin), were also an option. In 1991, the triptans, which target the brain's serotonin receptors, were released and are now the most widely prescribed migraine treatments.

However, alternative treatments are gaining more strength among migraineurs. Newer, prescription-strength NSAIDs, such as Vioxx and Celebrex, are often prescribed to relieve mild to moderate headache pain as well as anti-convulsants - normally prescribed to seizure patients - for preventative medication, including Depakote and Topamax.

M.A.G.N.U.M.'s Mission

Mainly, M.A.G.N.U.M.'s platform centers around education, whether it be the public, legislators or migraineurs themselves. With the public, it hopes to reinforce the fact that migraines are organic and not a product of stress, lifestyle or psychological problems, and have serious physical ramifications that, if left

untreated, can lead to stroke, blindness, or even death.

For migraineurs, it's merely about improving quality of life and providing the knowledge to do so. This includes educating them about the various aspects of migraines as well as directing them to various medical organizations and facilities.

The group's involvement on the legislative front has primarily been to work toward changing federal legislation so that 'Intractable Migraine' would be considered a disability.

M.A.G.N.U.M. feels this awareness will not only create sympathy for migraineurs but also address the fact migraines contribute to other conditions. According to its Web page, M.A.G.N.U.M. states that the impact of the awareness will "make persons aware that Migraine is not a benign disorder. . . ." An example follows:

"For example, 27% of all strokes suffered by persons under the age of 45 are caused by Migraine. (Stroke is the third leading cause of death in this country.) In fact, more people died from Migrainous stroke last year than were murdered by handguns."

Economic impact is also a factor, as head pain is responsible for 150 million missed work days, or roughly 1,200 million hours lost productivity.

Treatments

M.A.G.N.U.M. stresses a multifactorial approach to treatment, which includes 1) Preventative or Prophylactic, 2) Trigger Management, 3) Attack Aborting, and 4) General Pain Management. The Web page states that ". . . in the past, Migraine tended to be managed in a way that either prescribed drugs that helped prevent attacks OR prescribed drugs that treated pain during an attack, but not both." But it (M.A.G.N.U.M.) does reiterate that Multifactorial is the best approach to migraine management.

Preventative or Prophylactic: Patients are prescribed medication that works to prevent migraines over a period of time by slowly constricting the blood vessels in the brain. Most commonly prescribed include beta-blockers and antidepressants. Several non-drug alternatives are also gaining popularity.

Trigger Management: Basically, this technique involves identifying the triggers, unique to each individual, and taking the steps to find some balance of management. Unfortunately, triggers may vary from migraine to migraine, so identifying them and therefore managing them may prove to be troublesome for some sufferers.

Attack Aborting: Medications, usually triptans, are administered to relieve

severe symptoms of an attack and need to be taken as early as possible or may be rendered useless.

General Pain Management: Narcotic and non-narcotic analgesics may be prescribed to alter the sufferer's perception of pain, as these drugs act on the central nervous system. NSAIDs and simple analgesics - which include naproxen, aspirin and acetaminophen - are generally for mild pain, though some are marketed to treat migraine pain, and may cause rebound headaches when the patient overmedicates due to lack of pain relief.

M.A.G.N.U.M.'s Views on Excedrin Migraine

The Web site advises that anyone using Excedrin Migraine, or any other OTC (over-the-counter) analgesic for that matter, notify his or her doctor. In the meantime, M.A.G.N.U.M. is "working to alleviate any misuse of and misperceptions about Excedrin Migraine and other OTC analgesic products remarketed for Migraine."

Counter-campaign: Excedrin Migraine

Likely the most prominent of the remarketed analgesics is Excedrin Migraine, which is simply Extra-Strength Excedrin in a new box. The campaign behind Excedrin Migraine was that the product was successful in treating all levels

of migraine pain; however, during the three studies that were conducted, participants that suffered severe pain were excluded, yet results were reported for patients with those with moderate to severe pain. Excedrin's "Treating Migraines" Web page states that Excedrin Migraine is "cleared by the FDA for mild to moderate pain of migraine headache," yet on the Excedrin Migraine page, it states "Excedrin Migraine was the first non-prescription medication approved by the FDA to treat all the symptoms of a migraine including: mild, moderate, and severe migraine pain. . . ." But, it doesn't end there.

Excedrin goes on to encourage migraine sufferers to try Excedrin Migraine before prescription-strength migraine treatments. The only advantage? Cost, plain and simple. The Web site addressed the drug's ingredients (acetaminophen, aspirin and caffeine) and even stated that "most doctors know that this combination of ingredients is very effective for treating headaches. In fact, some prescription headache pain relievers contain caffeine as an active ingredient. . . ." OK, so migraine equals headache, but headache does not always equal migraine. So, why would a person take a generic headache medicine for a migraine?

Rhetoric

M.A.G.N.U.M.'s main Web page utilized a lot of graphics, which were either

attached to or accompanied by links. Some of the graphics had little or nothing to do with migraines or headaches in general, but they were aesthetically pleasing, more so than a foot-long navigation bar would have been. The text was arranged in such a fashion that it was divided into tables and frames, which also broke up what could have been a monotony of text-filled pages. On the whole, the Web page definitely had a bit of Watzlawick going on, catering to both the right-brained and left-brained with not too many image, yet the page wasn't just text. In relation to Ong, one must address the differences between the Web and print journalism, since M.A.G.N.U.M. targets through the media:

"The electronic age is also an age of 'secondary orality', the orality of telephone, radio and TV, which depends on writing and print for its existence." (6)

Excedrin's page is mainly text with limited graphics, so is best viewed by those of the left-brained persuasion (Watzlawick again). Using McLuhan's "the medium is in the message" to help analyze Excedrin's use of the media, one would first have to look at its use of TV. The ads are usually done in monologue style, with a recognizable personality (usually to women who watch daytime TV), and tell some 'migraineur-in-the-life' tale; not much product information was passed along,

other than 'talk to your doctor.' The viewer must fill in the gaps on his or her own. Magazine advertisements merely print product information, so electronic form is likely the best option. And the surprised viewer learns that he or she has been snowed into believing that this was a new, migraine-specific product, not just Extra-Strength Excedrin with a facelift.

Conclusion

All in all, M.A.G.N.U.M. resembles a strong haven that migraineurs can turn to for support and the public for information about migraines. Likely, if the group lives up to its mission statements, it will only be a matter of time before legislators consider this organization one to be reckoned with.