

# Mayo Clinic Q and A: Will Botox work for migraines?

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Mayo Clinic News Network

**DEAR MAYO CLINIC:** I have suffered with migraines on and off for about five years. Recently, the oral therapy I've used seems to be less effective. While I know newer medications are available, a friend suggested I try Botox injections. She swears it brought her chronic headaches under control. How safe are these injections, and how does Botox work? What is the treatment schedule, and would I also need to be on other headache medication, too?

**ANSWER:** Onabotulinum toxin A, or Botox, was approved by the Food and Drug Administration in 2010 to treat chronic migraine headaches. It is not a cure. People who receive Botox injections for headaches usually get the treatment about every three months.

For some, that is all they need to keep their headaches under control. For others, additional medication or other headache therapy is necessary.

Research is ongoing about new forms of migraine therapy.

Botox is a medication that uses a form of botulinum toxin to temporarily paralyze muscle activity. Best known for its ability to reduce the appearance of facial wrinkles, Botox also has been shown to prevent chronic migraine headaches in some people. It is used mainly for those who have headaches 15 or more days per month.

Since 2002, doctors at Mayo Clinic have treated thousands of patients with chronic migraine effectively and safely using Botox. The medication typically is injected into muscles of the forehead, scalp, neck and shoulders.

The specific details of how Botox works to prevent headaches are not known. But it is likely that the injected Botox is taken up by pain receptors in the muscles' nerves. The medication then deactivates those pain receptors and blocks pain signals that the nerves send to the brain.

The pain does not go away permanently, however. After several months, the nerves sprout new pain fibers, and the headaches tend to return. The Botox effect usually lasts about 2½ months. Because injections are repeated no sooner than every three months, some people need other headache treatments for the last two weeks of a Botox cycle.

Providing Botox treatment for headaches every three months is a national standard, as recommended by the American Headache Society. The treatments are not given more often due to a small possibility that if you receive Botox more frequently, your body might

build up antibodies to botulinum toxin. Those antibodies could in theory prevent Botox from working with future injections.

For many people, treatment with Botox alone is sufficient to control their chronic headaches. However, some people require more care, including additional medications to prevent migraine attacks.

These may include cardiovascular drugs, such as beta blockers and calcium channel blockers; certain antidepressants; and some anti-seizure medications. Medications taken at the time of a migraine headache also can be useful.

The most common side effects of Botox injection include swelling or bruising at the injection site. Uncommonly, the medication may spread into nearby tissues and cause problems, such as a drooping eyelid, eyebrows that look out of place,



Dreamstime-TNS  
**Botox injections can help relieve symptoms of migraines.**

dry eyes or excessive eye tearing. This tends to happen more in people who already have some eye drooping or are more sensitive to botulinum toxin. Sometimes, changing the injections to a slightly different location can reduce this side effect.

Although rare, it is possible that the effect of botulinum toxin may spread to other parts of the body and cause symptoms such as muscle weakness, vision problems, trouble speaking or swallowing, or difficulty breathing. Doctors generally recommend against using Botox if you are pregnant or breastfeeding because the medication's effects on a fetus are not known.

Botox injections are expensive. They can cost several thousand dollars per set of injections. Many insurance companies will cover the injections if a patient meets criteria for chronic migraine headache. For at least three months, a person must have a headache occurring on 15 or more days per month that has the features of a migraine on at least eight days per month. It is best to speak to a health care professional about options.

Before moving forward with Botox injections, make sure you are under the care of a licensed and skilled health care professional. Botox can be dangerous if it is given incorrectly, so it is important that these injections be administered by a physician, nurse or another specialist with experience using them for chronic headaches.

I recommend asking for a referral from your primary care provider or neurologist. A skilled and properly trained health care professional can discuss the procedure with you in detail and help you decide if it fits your needs.

■ Dr. Mark Whealy, Neurology, Mayo Clinic, Rochester, Minnesota



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According to a 2021 Common Sense Media survey, an estimated 88% of 13- to 18-year-olds and 43% of 8- to 12-year-olds have smartphones. It's not too surprising, then, that sexting is more common among kids and teens these days.

## How can parents talk to teens about sexting and privacy?

**Q:** My daughter is on her cellphone a lot. How do I talk to her about sexting and other privacy concerns?

**A:** Sexting is the sending or receiving of sexually explicit images, videos or text messages using a smartphone, computer, tablet, video game or digital camera. It's not something any parent wants to think about their child doing, and it may be uncomfortable to talk about. But the fact is that sexting is something kids will find out about at some point.

This is why it's important to talk about sexting with your child early, so they have the information they need to make healthy decisions.

There has been a significant jump in the number of kids and teens with access to smartphones. According to a 2021 Common Sense Media survey, an estimated 88% of 13- to 18-year-olds and 43% of 8- to 12-year-olds have smartphones.

It's not too surprising, then, that sexting is more common among kids and teens these days. A 2021 study on sexting among youth found that 19.3% had sent a sext, 34.8% had received a sext, and 14.5% had forwarded one without consent.

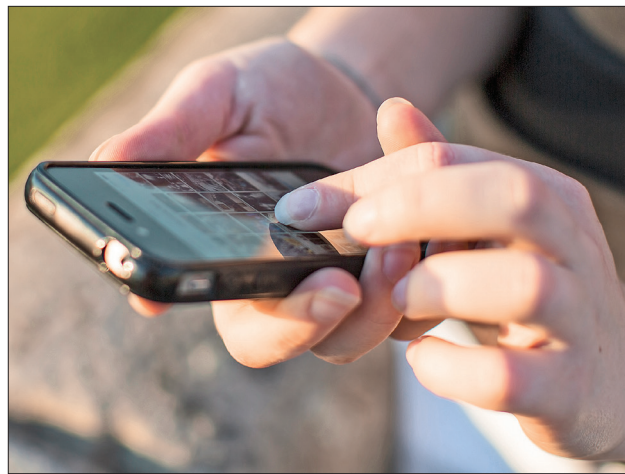
There are many risks of sending and sharing sexts that you should be aware of.

### Mental health and sexual behavior

Young people who sext are more likely to:

- Have depression and/or anxiety.
- Commit minor crimes.
- Use alcohol, drugs or cigarettes.
- Engage in sexual activity and sex with multiple partners.
- Not use contraception.

Younger adolescents who sext may be even more susceptible to these



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risks because of their lack of experience and immaturity. They also tend to be more vulnerable to digital dangers such as bullying or "sextortion." This is a type of blackmail used to get people to send sexually explicit photos or money so that their private information isn't posted online.

tional distress.

If the sext is posted online, adolescents can be vulnerable to attention they don't want, including from sexual predators.

It's best to talk to your child as soon as they are old enough to have a cellphone. Keep giving age-appropriate guidance as your child or teen matures. Some tips:

• Start the discussion, even if you don't think sexting has affected your child or your community. Ask your child if they've heard of sexting and what they think it is. It's important to first learn what your child's understanding is of the issue. After that, you can add age-appropriate information as needed.

• Use examples that fit your child's age when giving them information and guidance. For younger children with cellphones who may know little about sex, let them know that text messages should never contain pictures or videos of people — kids or adults — without their clothes on, engaged

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### Legal risks

There's also the potential legal trouble that kids can get into, whether they're sending or receiving sexts. Some states will even prosecute minors. Minors may also be permanently placed on sex offender lists.

There are other risks with sexting too, risks that young people may not think about, including:

- Not having any control over the video or picture once it's sent. People may forward it to others.
- Bullying from peers who see the sext.
- Regret for sending a sext, especially if it's shared with others. This can lead to emo-

in extended kissing or touching private parts. For older children, use the term "sexting" and ask if they've been exposed to nude or semi-nude images or sexual activities.

• Be very specific, especially with teens, that sexting often involves pictures or videos of a sexual nature. Some sexts can be considered pornography or child pornography. Depending on the state, both senders and receivers could be charged and prosecuted.

• Inform your children that texts, images and videos on the internet can remain there forever. This is true even if they're posted on apps that delete after a short duration. These posts can be shared with others, often without the consent of the sexter, and some can even go viral. Sexters who may have intended their sexts to be viewed by only one person may find that their photos have been seen by everyone at school.

• Be on the lookout for excessive texting. If you suspect inappropriate behavior, monitor your child's smartphone and talk with them about who they're texting.

• Teach your kids and teens digital citizenship. This includes respect for others and themselves and how to reject cyberbullying. Invite and welcome your children's questions and conversations. Help them be safe and kind online.

■ Dr. Yolanda (Linda) Reid Chassiakos has served as a clinical assistant professor of pediatrics at the David Geffen School of Medicine, UCLA, and the executive director and chief medical officer of the Klotz Student Health Center at California State University Northridge. For more information, go to [HealthyChildren.org](http://HealthyChildren.org), the website for parents from the AAP.

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