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Ocular Migraines

Overview

Ocular migraines or migraine auras are visual disturbances that affect both eyes. These types of migraines are short-lived, can occur in isolation, precede or happen with a migraine. Most don't last more than 30 minutes. In some cases they affect speech, motor functions and other senses. When they happen for the first time people find them very disturbing and concerning.



Triggers to ocular migraines are similar to triggers for migraines. The exact cause of ocular migraines is not known. They could possibly be related to blood vessel spasms in the retina and the visual pathway.

An eye exam is a great starting point to evaluate the symptoms of an ocular migraine and to rule out other possibilities like a retinal detachment or amaurosis fugax. Further evaluation should also be done by a neurologist.

Potential treatments include tricyclic antidepressants, anti-seizure medications, NSAIDS (ibuprofen or naproxen) and triptans.

Signs & Symptoms

Symptoms of ocular migraines involve perceiving auras that have lights with zigzag patterns, color variations, shimmering, flashes and blind spots that can potentially grow (scotoma). Sometimes



what's seen migrates across your vision. Most don't last more than 30 minutes and those lasting more than an hour should be evaluated promptly.

Causes

Triggers for ocular migraines include lights, poor diet, insomnia, narcolepsy, changes in weather, stress, hormone changes, chocolate, food additives, caffeine, smoking, alcohol and drugs. The direct cause of migraines and ocular migraines is not fully understood. Studies have shown that they result from an *inconsistent blood supply to the eye and its visual pathway*. There is also a genetic component to getting migraines and ocular migraines. Often there is a family history of migraines.

Testing & Evaluation

Getting a comprehensive eye exam is recommended if you are getting ocular migraines. Your eye doctor will test the neurological functions of your eyes, look at the optic nerve head for abnormalities and look at the retina for any possibilities or a retina detachment (similar symptoms). An evaluation by a neurologist would be highly recommended. They will likely order some blood testing and imaging to rule out other potential causes.

Treatment

Avoid triggers to getting ocular migraines and migraines is a method to prevent them. Over-the-counter medications include naproxen, acetaminophen and ibuprofen. Prescribed medications include triptans (sumatriptan), epilepsy medications (i.e. topiramate), tricyclic antidepressants (i.e. amitriptyline), beta-blockers (i.e. propranolol) and calcium channel blockers (i.e. verapamil).

Websites

All About Vision: <https://www.allaboutvision.com/conditions/ocular-migraine.htm>

American Optometric Association:
<https://www.aoa.org/healthy-eyes/eye-and-vision-conditions/ocular-migraine?sso=y>

National Library of Medicine: <https://www.ncbi.nlm.nih.gov/books/NBK507725/>