

healthhappiness&amp;harmony

# More than a headache

## Ways to cope with migraines

### (Family Features)

For the more than 36 million Americans who suffer from migraines, summertime doesn't always mean fun in sun. As warmer weather and daily routines shift, many people with migraines spend much of their time trying to avoid activities that may trigger their symptoms and stay pain-free, hoping to instead enjoy their summer plans with family and friends.

In fact, a new survey conducted by Everyday Health, Inc., on behalf of Pernix Therapeutics revealed the impact of migraines goes well beyond physical symptoms, impacting both personal and professional lives. More than 8 in 10 female migraine sufferers said having migraines makes them feel less in control of their lives, while half agreed their personal relationships suffer because of their migraines.

"Summer is often considered the peak of migraine season and it's important people living with migraines are aware of what they can do to beat the heat and keep their symptoms at bay," said migraine specialist Dr. Merle Lea Diamond of the Diamond Headache Clinic in Chicago.

"I always remind my patients to stay hydrated and

avoid caffeinated or sugary drinks as dehydration is one of the biggest triggers," she added. "It's also helpful to stick to a regular schedule as much as possible to avoid drastic changes to your sleeping or eating schedules. And when spending extended time in the sun, it's important to pack sunglasses and a brimmed hat to avoid squinting into the light."

Unfortunately, migraines may cause people to miss out on important events with friends and family. More than 80% of survey respondents admitted migraines prevent them from being as active as they would like or being able to participate in the activities they'd like.

If you think you need additional help with your symptoms, speak with your health care provider about your daily routine, lifestyle and symptoms. There are effective prescription treatment options available to quickly and sustainably remove the pain of migraines to help you start living life again.

Depending on your symptoms, your health care provider may recommend a prescription medication such as TREXIMET, a combination tablet made with two medi-

cines – sumatriptan and naproxen sodium. The combination may be more effective for some patients and offer sustained control of the pain and associated symptoms of migraines compared to taking either medicine alone. To learn more about TREXIMET and treating migraines in patients 12 years of age and older, visit [www.Treximet.com](http://www.Treximet.com).

### About the survey

This survey was designed and managed by Everyday Health, Inc., on behalf of Pernix Therapeutics, and fielded online from April 25 – May 5, 2015 among a total of 2,023 female migraine sufferers, ages 25-65, who are currently taking prescription medication to treat their migraines. This survey was funded by Pernix Therapeutics Holdings, Inc. on behalf of TREXIMET.

### Important Safety Information

TREXIMET® may increase your chance of a heart attack or stroke that can lead to death. Your chance of a heart attack or stroke increases with longer use of NSAID medicines or if you have heart disease or risk factors for heart disease.

Serious allergic or skin reactions, or stomach and intestine problems such as bleeding and ulcers, can occur without warning and may cause death. Risk of stomach and intestinal problems increases in the elderly.

Do not take TREXIMET® if you have heart problems, history of heart problems, or have ever had heart bypass surgery; had a stroke, TIAs, or problems with your blood circulation; hemiplegic migraines or basilar migraines; narrowing of blood vessels to your legs and arms, stomach, or kidneys; uncontrolled blood pressure; an allergy to aspirin, NSAIDs, sumatriptan or any of the ingredients in TREXIMET®; taken any medicines in the last 24 hours that are triptans or contain ergotamine; taken an MAOI antidepressant within the last 2 weeks; during third trimester of pregnancy; or liver problems.

TREXIMET® should never be used if you have ever had a heart surgery called a coronary artery bypass graft (CABG).

Before you take TREXIMET®, tell your health care provider about all of your medical conditions including if you have risk factors for

heart disease like high blood pressure, high cholesterol, diabetes, smoking, obesity, and heart problems or a family history of heart problems or stroke; kidney problems; liver problems; history of epilepsy or seizures; are pregnant, think you might be pregnant, or are trying to become pregnant; are breastfeeding or plan to breastfeed. Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Serotonin syndrome is a rare but serious problem that can happen in people using TREXIMET®, especially if used with antidepressants called SSRIs or SNRIs.

The most common side effects of TREXIMET® include: dizziness; feeling weak, drowsy, or tired; pain, discomfort, or stiffness in your neck, throat, jaw, or chest; nausea; tingling or numbness in your fingers or toes; heartburn; dry mouth; feeling hot; heartbeat problems; and muscle tightness.

For more information, please see the complete Pre-



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scribing Information, including BOXED WARNINGS, and the Medication Guide.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

### Indication

Prescription TREXIMET is used to treat acute migraine headaches with or without aura in patients 12 years of age and older. TREXIMET is not used to treat other types of headaches such as hemiplegic or basilar migraines. TREXIMET is not used to prevent or decrease the number of migraine headaches you have. It is not known if TREXIMET is safe and effective to treat cluster headaches.

# A connection between COPD and lung cancer?

### Metro Creative

Smoking is a big contributor to both lung cancer and chronic obstructive pulmonary disease.

Chronic obstructive pulmonary disease and lung cancer can have a substantial

impact on a person's health, affecting how well the body is able to process oxygen. Both can be a serious side effect of

smoking, but is there a relationship between cancer and COPD?

Various experts, including

the National Heart, Lung, and Blood Institute in collaboration with the Division of Cancer Prevention of the National

Cancer Institute, have weighed in on the link between COPD and lung cancer. COPD appears to be a strong risk factor for lung cancer, even among people who have never smoked.

"Recent studies suggest that the genetic risk factors that predispose smokers to COPD may overlap with those that predispose smokers to lung cancer," said Brian Carlin, M.D., a pulmonologist and chairman of the COPD Alliance. "A majority of patients with lung cancer have underlying, but often undiagnosed, COPD."

The Cancer Prevention and Treatment Fund organization notes that more than half of all people with lung cancer also have COPD. Very often the symptoms of both conditions mesh. A person may discover he or she has COPD and then lung cancer, or vice-versa. Patients with either lung cancer or COPD often experience coughing and shortness of breath. They also may experience repeated episodes of pneumonia or bronchitis. But cancer may have its own distinct symptoms, such as hoarseness, blood in sputum, weight loss, and lack of appetite.

Lung cancer and COPD both can be fatal conditions when detected too late. Although COPD cannot be reversed, there are lifestyle changes and medications that can make breathing easier. Quitting smoking can prevent more serious consequences down the line, and many people with early stage cancers can be cured. As with many types of cancers, the stage of the cancer at diagnosis heavily influences prognosis.

People can take steps to stay on top of their pulmonary health. Quitting smoking and avoiding secondhand smoke is one of the most important things people can do. Recurring symptoms of coughing, shortness of breath or fatigue should be brought to the attention of your doctor. If COPD is diagnosed, recognize that lung cancer may not be far behind.

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