IFA LUNCH & LEARN

Sleep and Migraine

How do they influence each other – and why?

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MigraineAction
FÜR MEHR LEBENSQUALITÄT

ifa.

One night. Two possible working days.

> **“I slept for eight hours – and still do not feel rested.”**

The issue is often not sleep duration alone, but also quality, timing and regularity.

Which impairs performance more – a short night or an emerging migraine attack?

A tired workforce: German trend, Swiss relevance

GERMANY · Employees aged 35–65

47.5 → 78.9%

sleep problems

2009 → 2016

9.7 → 15.4%

medically treated

+59%

4.7 → 9.2%

sleep medication

almost doubled

SWITZERLAND

≥ 1 in 3

affected by sleep or sleep–wake disorders

often underdiagnosed
and undertreated

Migraine is a network event – not just a headache

PAIN

pulsating · aggravated by activity

SENSES

light · noise · smell

BODY

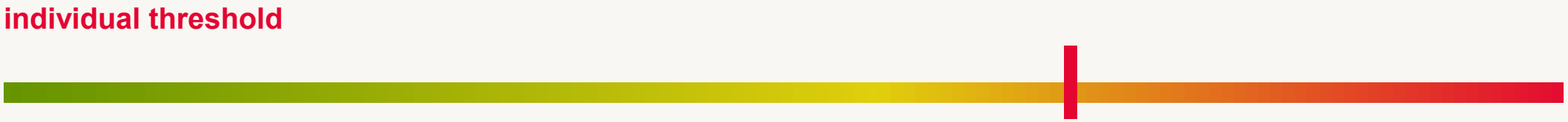
nausea · exhaustion

THINKING

speed · language · focus

The headache phase is only one part of the attack.

An attack rarely has a single trigger



Sleep
shortened / shifted

Hormones
individual dynamics

Stimuli
light · noise

Stress
increase or let-down

Meals
irregular

Sleep is a modulating factor – not a personal failing.

Healthy sleep has four dimensions

01

DURATION

usually ≥ 7 h

02

QUALITY

restorative, little wakefulness

03

TIMING

aligned with the internal clock

04

REGULARITY

similar times

“More” is not automatically “better” – what matters is the fit.

Two systems determine when we can sleep

Sleep pressure

rises with every hour awake and falls during sleep

Body clock

synchronises alertness, hormones, temperature and readiness for sleep

Jet lag, shift work and weekend shifts pull these systems apart.

Stress keeps the body and brain in wake mode

ALARM SIGNAL

Adrenaline · noradrenaline
heart rate · alertness

WAKE MODE

Cortisol · rumination
less time to recover

FRAGILE SLEEP

later sleep onset
more awakenings
less recovery

In the short term, the alarm response protects us – without recovery, it becomes an amplifier.

Not all stress is harmful. Lack of recovery is critical.

Serotonin and melatonin link rhythm and pain

Tryptophan → Serotonin → Melatonin

SEROTONIN · 5-HT

- involved in wakefulness and REM regulation
  modulates pain in the brainstem and trigeminal system
- triptans act at specific 5-HT receptors

MELATONIN

- darkness signal of the internal clock promotes readiness for sleep – not an “off switch”
- migraine prevention: promising signals, but no simple standard solution

Important: Migraine is not a simple “serotonin deficiency disorder”.

Stress, sleep and migraine reinforce one another

STRESS

Cortisol · alertness
rumination · tension

→

DISRUPTED SLEEP

longer sleep latency
fragmentation · less recovery

→

MIGRAINE

lower threshold
pain · sensory sensitivity

↖ Attacks, performance pressure and worry increase stress again ↙

Sleep reactivity: How strongly does a person's sleep respond to stress?

Trigger or early symptom? Timing matters

POSSIBLE TRIGGER

- shortened sleep
- frequent awakenings
- shifted rhythm

POSSIBLE PRODROME

- unusual tiredness
- yawning
- reduced concentration

Diary question: What came first – and what followed within 24 hours?

The workplace can break the cycle

07:00

too early / not restored

09:00

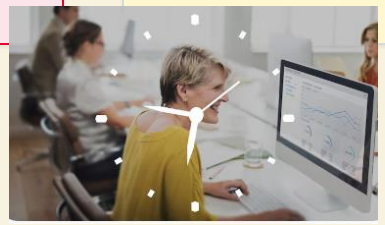
light + screen

12:30

no lunch break

16:00

attack begins



22:00

catching up on work

Intervention points: predictable start · real break · lower sensory load · clear attack plan

Individual measure: anchor sleep

MORNING	fixed wake time + daylight
DAY	movement + regular meals
EVENING	deliberately reduce light and stimulation
NIGHT	do not force sleep get up after prolonged wakefulness

Choose one change. Observe for two weeks. Then adjust.

What still matters tomorrow

01 Sleep and migraine influence each other.

02 Regularity and recovery matter more than perfection.

03 Working conditions can break the cycle.

Good sleep is not a cure –

but it is part of good migraine care.

Questions

www.migraineaction.ch

www.migräne-am-arbeitsplatz.ch

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