UC San Diego Health

Corner Clinic: Eating When Sick, Bunions and Migraines

By UC San Diego Health Experts | August 30, 2018

Our experts answer your questions on everything from headaches to tummy aches. This month, our experts discuss what to eat when you're too sick to eat, bunions and how to get migraine relief.

- What to eat when I'm too sick to eat?
- I think I have a bunion. Will I need surgery?
- What drugs are available for debilitating migraines?

What to eat when I'm too sick to eat?
Heather Diamond, registered dietitian at UC San Diego Health

Maintaining adequate calories and protein is important to keep our body fueled, especially during illness. However, during illness it can be challenging to meet your nutritional needs. For people struggling with poor appetite, focusing on small, frequent meals can assist with symptom management of nausea, diarrhea and early satiety. Spacing meals about two to three hours apart can help ensure you are still getting enough calories throughout the day. We encourage choosing high calorie snacks between meals and drinking fluids separately to avoid feeling full too quickly.

Adding healthy fats from avocado, nut butters, nuts/seeds and olive oil, in moderation, to foods can help increase the caloric content of the meal without significantly increasing volume. Or incorporate high calorie starches, such as pastas, rice, potatoes, oats, beans/lentils and quinoa. To help maintain muscle mass, include protein with each meal and snack. Good sources are eggs, beans/lentils, seeds/nuts, fish, poultry, tofu and yogurt. Continue to add an array of colorful fruits and vegetables as tolerated.

These foods have been shown to confer health benefits and are rich sources of antioxidants and phytochemicals.

Some individuals may benefit from adding an oral nutrition supplement drink or a high calorie homemade smoothie to assist with weight maintenance. There are a variety of shakes and nutrition supplement drinks available. Some are plant based, organic, dairy-free or gluten free. Choose a supplement that is acceptable to your taste and preference. If you continue to struggle to maintain your weight, contact your primary care physician to receive a referral to see a registered dietitian for an individualized nutrition plan. If you are currently following a medically prescribed diet for management of a specific illness or disease, consult a dietitian for specialized dietary recommendations.

With contribution from Patricia Rubio, RD.

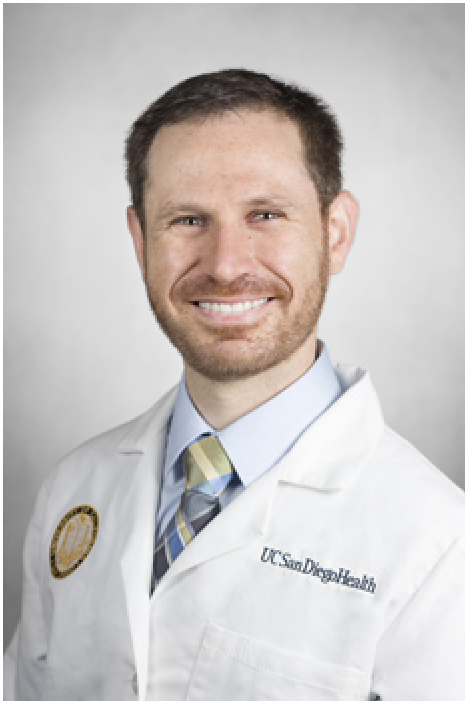
I think I have a bunion. Will I need surgery?
David Dalstrom, MD, orthopedic surgeon at UC San Diego Health

Contrary to common belief, a bunion is not a growth of new bone. It's a normal bone shifting into an abnormal position or alignment, which can cause a painful bump at the lower joint of your big toe. Bunions can be caused by an inherited bone disorder or foot type and might be exacerbated by ill-fitting shoes and some types of arthritis.

First of all, if it doesn't hurt or stop you from doing the things you love, you probably don't need surgery on your bunion. To alleviate the pain, you can try non-operative approaches, such as anti-inflammatory medications, orthopedic inserts in your shoes or even splints that can help better align the toe. Just because you come see me or another orthopedic surgeon, it doesn't mean we'll automatically try to operate. We want to have a discussion, learn about your condition and help you decide if a procedure is right.

However, when a bunion does stop you from doing what you love to do, it might be time to talk about reconstruction. Since it's not a growth of new bone, we can't just shave off a bunion. Instead, we need to reconstruct the front portion of the foot so it's better aligned. People often assume that foot surgery is going to be difficult and painful. And it's true that it can be uncomfortable, but we have new surgical techniques that allow us to more easily perform complex surgeries — while keeping people comfortable — than we could 10 years ago. We also have many new ways to help people manage pain.

Not everyone's foot problems are the same. Not all bunions are the same. We personalize treatment approaches to the individual. So don't just assume that what a friend had done for his or her bunion is what you need done. There are lots of ways to address variations of bunions, some easier than others, and we'll work with you to determine what best fits your needs.



What drugs are available for debilitating migraines?
Nathaniel M. Schuster, MD, pain management specialist and headache neurologist at UC San Diego Health

Although many patients I meet are afraid that they've already tried everything, I've never met a patient who's actually tried every migraine treatment. There are many evidence-based treatments for migraine, including prescription medications, natural medications, onabotulinumtoxin (Botox) injections, electrical neuromodulation devices and psychological treatments — as well as lifestyle modifications and reducing use of medications that can cause medication overuse headache (rebound headaches).

Erenumab (brand name Aimovig) is the first medication on the market from a new family of medications targeting the calcitonin gene-related peptide (CGRP), with others expected to arrive on the market over the coming months and years. CGRP is a signaling protein released by the trigeminal nerve — the major sensory nerve of the head and face — when it is activated. CGRP levels go up during migraines in people with episodic migraine and are elevated between migraines in patients with chronic migraine. CGRP levels become normal again after treatment with triptans and Botox. Aimovig is a monoclonal antibody that binds to the CGRP receptor. Patients administer it to themselves using an auto-injector once every 28 days. In clinical trials, about 40 to 50 percent of patients receiving Aimovig experienced a 50 percent or greater reduction in their migraine days per month. It appears so far to be very safe, but since it is very new to the market we don't yet know for certain its long-term safety.

While most other medications that we use for migraine prevention were first developed to treat other conditions, what makes the CGRP-targeted therapies different is that they were developed specifically to treat migraine based on our modern understanding of migraine pathophysiology. However, the numerous trials of CGRP-targeted therapies all show that these medications don't work for everyone. This is likely because CGRP is only one part of migraine pathophysiology. I still believe that the best prospects for migraine relief are with a multimodal approach looking at lifestyle, reducing or removing medications that can worsen migraine, and adding natural treatments, medications, and non-medication treatments (such as acupuncture, biofeedback or diet changes) when needed.

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