



Supplementary

Integrated Approach to Migraine Management: A Review of the Pillars of Lifestyle Medicine

Maria Ivone Oliveira Dantas¹, Narel Moita Carneiro², Suellen Abib³

¹University of Sergipe, São Cristóvão, Sergipe, Brazil.

²State University of Piauí, Teresina, Piauí, Brazil.

³Institute of Rehabilitation, Education and Health, Curitiba, Paraná, Brazil.

Supplementary file 1

Table 1. Search strategy carried out in the Pubmed database in March/April 2024.

Pillars	PUBMED Search Strategy
Nutrition	Migraine and lifestyle; Migraine and alimentation; Migraine and diets; Migraine and nutrition.
Physical exercise	Migraine and Exercise; Migraine and Exercise Therapy.
Stress control	Migraine and Stress; Psychological or Stress, Physiological.
Sleep	Sleep and migraine; sleep disorders and headaches.
Healthy relationships	Social relationships and migraine; Anxiety and migraine; Social life and migraine.
Tobacco and alcohol	Migraine and Tobacco; Migraine and Alcohol Drinking.

Supplementary file 2

Table 2. Script of questions that can be inserted in the assessment of individuals with migraines.

Pillars	Perguntas norteadoras
Nutrition	<ol style="list-style-type: none"> 1. How often do you eat? 2. Do you usually fast? 3. What is the patient's BMI?
Physical exercise	<ol style="list-style-type: none"> 1. How much physical activity do you do regularly? (frequency, type of exercise, duration) 2. Do you notice any relationship between physical exercise and the onset or intensity of your migraine attacks? 3. Have you tried different types of exercise to manage your migraines? If so, which was most effective for you?
Stress control	<ol style="list-style-type: none"> 1. Do you feel that stress plays a significant role in triggering or worsening your migraine attacks? 2. How do you deal with stress on a daily basis? (coping strategies, relaxation techniques, etc.) 3. Do you notice a relationship between stressful events or life situations and the onset of your migraine attacks?
Sleep	<ol style="list-style-type: none"> 1. How is your sleep, do you sleep well or wake up tired? 2. Do you have insomnia or wake up often during the night? 3. Do you notice that you snore, choke or stop breathing while you sleep?
Healthy relationships	<ol style="list-style-type: none"> 1. Do you feel alone, discouraged and don't want to go out? 2. Do you frequently attend any group activities? Example: dance classes, church groups, group physical activity, or family gatherings? 3. Do you feel good in the work environment, do you have friends there?
Tobacco and alcohol	<ol style="list-style-type: none"> 1. Do you have a drinking or smoking habit? 2. Have you ever drunk or smoked at any point in your life? 3. Do you have a positive family history of alcohol and smoking?

BMI: Body mass index.