MIGRAINE



Diet restriction in migraine, based on IgG against foods: A clinical double-blind, randomised, cross-over trial

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QUESTION

Can IgG antibodies against trigger foods play an important role in migraine? Can the exclusion diet positively influence the symptoms and course of disease?

METHODOLOGY

30 patients diagnosed with migraine without aura were examined for food IgG in a 6 week randomised, double blind, cross-over, headachediary based trial. The patients were randomised to a 6-week diet either excluding or including specific foods with raised IgG antibodies. Following a 2-

week diet-free interval after the first diet period, the same patients were given the opposite 6-week diet. Patients and their physicians were blinded to test results and diet (provocation or elimination).

RESULT

Study participants put on an elimination diet free of IgG positive food had an average of 32% fewer migraine attacks and 29.6% fewer migraine days than patients who consumed a sham diet. Simultaneously, a significant reduction of acute medication was observed. In some patients, migraine disappeared completely.

CONCLUSION

IgG antibodies against food play a role in Migraine. The study, performed with ImuPro, showed that IgG antibodies against food could be an effective marker in identifying potential migraine trigger foods and that an exclusion diet can positively influence the course of disease and patient's well-being.

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Diet restriction in migraine, based on IgG against foods: a clinical double-blind, randomised, cross-over trial.

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Abstract

INTRODUCTION: It is well-known that specific foods trigger migraine attacks in some patients. We aimed to investigate the effect of diet restriction, based on IgG antibodies against food antigens on the course of migraine attacks in this randomised, double blind, cross-over, headache-diary based trial on 30 patients diagnosed with migraine without aura.

METHODS: Following a 6-week baseline, IgG antibodies against 266 food antigens were detected by ELISA. Then, the patients were randomised to a 6-week diet either excluding or including specific foods with raised IgG antibodies, individually. Following a 2-week diet-free interval after the first diet period, the same patients were given the opposite 6-week diet (provocation diet following elimination diet or vice versa). Patients and their physicians were blinded to IgG test results and the type of diet (provocation or elimination). Primary parameters were number of headache days and migraine attack count. Of 30 patients, 28 were female and 2 were male, aged 19-52 years (mean, 35 +/- 10 years).

RESULTS: The average count of reactions with abnormally high titre was 24 +/- 11 against 266 foods. Compared to baseline, there was a statistically significant reduction in the number of headache days (from 10.5 +/- 4.4 to 7.5 +/- 3.7; P < 0.001) and number of migraine attacks (from 9.0 +/- 4.4 to 6.2 +/- 3.8; P < 0.001) in the elimination diet period.

CONCLUSION: This is the first randomised, cross-over study in migraineurs, showing that diet restriction based on IgG antibodies is an effective strategy in reducing the frequency of migraine attacks.

Comment in

IgG-mediated allergy: a new mechanism for migraine attacks? [Cephalalgia. 2010]

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