Migraine Management

www.exeterheadacheclinic.org.uk

Triggers are usually obvious, but it is important to keep internal and external environments as constant as possible as Migraineurs don't respond well to change – regular sleep patterns, eating, hydration.

Acute Management

- Triptans are the drug of first choice. Start with Sumatriptan 50 – 100 mg. Failure to respond is not a class effect so rotate through the other Triptans (Rizatriptan, Zolmitriptan, Almotriptan. Frovatriptan has a long half-life so can be useful for recurrence and can be used as a "mini preventer" in menstrual migraine.) NICE guidelines suggest after 2 failures can use Rimegepant, a CGRP antagonist (max 8 days a month).

- Nasal spray or injection may be worth considering if severe nausea or vomiting is problematic (Imigran injection, Sumatriptan or Zolmitriptan nasal spray). Melts do not get absorbed in the mouth.

- Triptans should be taken at the earliest onset of pain. May not be effective in aura phase in some people.

- There is evidence to suggest a benefit with Paracetamol and anti-inflammatories. Soluble Aspirin, Paracetamol and Buccastem are useful and can be bought OTC. (See patient info sheet on web site)

- Always use a prokinetic, even if there is no nausea, as gastric stasis is inevitable – Metoclopramide 10 mg at the earliest onset (alternatively Prochlorperazine).

For prevention

- Propranolol, increasing to 80 mg MR bd (or Nebivolol if there are side effects ½ to 1 5mg tab), followed by Amitriptyline and Topiramate. The 4th drug of choice is Candesartan. There are information sheets for all these agents on our website. It is important that women taking Candesartan, **As of June 2024, Topiramate has been placed on a Pregnancy Prevent Programme so it is best avoided in women of childbearing age.**

- All preventatives should be tried for at least 8 weeks at the maximum tolerable dose before you judge effect of benefit and continued for at least 6 months.

- Magnesium, Co-Enzyme Q10, Vitamin B2 are alternative options (see "Alternative Medicines and Headache" information sheet/Patient Information Sheets) on our website.

- Acupuncture is recommended by NICE, but not available on the NHS.

- If three preventive failures and more than 4 days migraine a month prescribe Atogepant. (A Gepant CGRP blocker). If still problematic, then refer to secondary care for either Botox or CGRP antagonists. Ask patient to keep diary in advance, noting days when headache and when headache is migrainous.

Other Points

- Watch medication overuse headache. This will occur if Triptans are taken on more than 10 days of the month, or analgesics on more than 15 days of the month.