Treatment of Migraine

Dear doctor,

Your patient has been diagnosed with probable migraine. Below is a list of recommended treatments which should be tried in sequence. While we would always aspire to eradicate headaches entirely this is often not possible and finding a treatment that minimises the impact of the headaches is the best outcome. We would consider a reduction of 30-50% in the severity, duration **or** frequency of headache a good therapeutic outcome.

1. Headache diary – It is very important to keep a diary headache diary, documenting the days on which the headache is there, the duration in hours and minutes and the severity – on a scale of 1(no pain) to 10 (agony). This will help identify triggers – see Migraine Trust webpage https://www.migrainetrust.org/about-migraine/trigger-factors/ - and provide evidence that treatments are working.

2. Rescue regimes for severe headaches – **unless contraindicated** acute headaches are best treated with a single dose of a strong NSAID – Aspirin 900mg (not in children), Ibuprofen 600mg or Diclofenac 50-150mg **and/or** a triptan (not in ischaemic heart disease) **and/or** paracetamol **and** domperidone 10-20mg. This should be taken at the start of the pain. NSAIDS and triptans can be taken together. For rapid onset headache consider eletriptan or riztriptan, for prolonged headaches frovatriptan.

3. Neck physiotherapy – this may reduce the frequency, severity or duration of headaches and should be side-effect free. This can be done locally or through the neurology department at QE.

4. Prevention – the following medications can reduce the number, severity or duration of migraines. They should all be started at a low dose and increased slowly until the headaches have improved, the side-effects become unbearable or the maximum dose is reached. The starter dose may be too low to have any effect good or bad, so don't abandon it too early.

5.
    a. Propranolol – start 10mg OD, increase 10mg, normal dose 40mg BD, maximum dose 240mg/24 hours, contraindications – asthma, syncope, arrhythmia (need ECG before starting) Or Timolol or Metoprolol.
    b. Topiramate – start 25mg OD, increase 25mg, normal dose 50mg BD, maximum dose 100mg BD, contraindications – glaucoma, kidney stones
    c. Nortiptyline – start 10mg OD, increase 10mg, usual dose 10-50mg OD, maximum dose 150mg OD
    d. Candesartan –start 4mgO D, increased 4mg every month, usual dose 8mg OD, maximum dose 32mg OD, contraindications DM **and** renal failure
    e. Sodium valproate – start 100mg OD, increase 100mg, usual dose 300-500mg OD, maximum 1500mg/24 hours, contraindications – woman of childbearing potential
    f. Other drugs such as gabapentin, pregabalin, pizotifen, SSRIs, SNRIs, flunarazine have less evidence behind them but could be tried if all the above are ineffective or contraindicated.

6. Cautions – All analgesics especially opiates, and including triptans, can result in medication overuse headache. If your patient is using triptans more than twice a week then there is the risk of tachyphylaxis with the drug becoming less effective and the headaches getting worse. Women on prophylactic drugs who wish to have children should plan the pregnancies and consult the neurology team before conceiving.

7. Re-refer – If life-style changes, physio and medication have all failed your patient may need BoTox injections, GON block, second line treatments or surgery – please re-refer.

More information can be found on the Migraine Trust website (www.migrainetrust.org) and there are guidelines published by SIGN, BASH and NICE covering this in much greater depth copies of which I would be happy to send you. If there are any problems or you want advice or clarification please get in touch.