

Medications to treat migraine

Migraine medications are divided into acute (symptomatic or abortive) therapy and preventative (prophylactic) therapy.

Acute therapies

- NSAIDs (non-steroid anti-inflammatory drugs) such as Aspirin, ibuprofen (Advil), naproxen
- Acetaminophen (Tylenol)
- Triptans (such as sumatriptan)
- Anti-nausea medications (such as metoclopramide and dimenhydrinate)
- Ergotamines (rarely used due to side effects)

Preventative therapies

(treatment given to reduce the number and severity of your headaches)

- Antidepressants (amitriptyline, venlafaxine)
- Anti-seizure medications (topiramate, valproic acid)
- Blood pressure medications (Propranolol, Candesartan)
- Onabotulinumtoxin A (for chronic migraine only)
- Natural remedies (riboflavin, magnesium, coenzyme Q10)

Acute headache therapies

Treat your headaches as soon as you possibly can. Delaying treatment makes it more likely that you will not get full relief and that the headache will come back.

If you take acute pain/headache therapies more than 2 days per week, you can get a medication overuse headache.

Medications called ergotamines and triptans make your blood vessels narrower. Do NOT use them if you have a history of heart attack, stroke, severe uncontrolled blood pressure, or are pregnant.

Preventive headache therapies

Preventive medications are taken every day. It is a good idea to start at a low dose with a gradual increase over time to minimize the possible side effects.

Take the preventive medication for at least 3 to 4 months at the maximum tolerated dose before you decide whether it is not working.

Talk to your doctor about preventive headache therapies if:

- You have headaches more than 1 day a week
- You have moderate or severe headaches that do not get better with the acute headache therapies described above
- You cannot use any acute headache therapies
- You are using acute headache therapies more than 2 days per week
- You have significant disability associated with your migraines

Suggested resources

www.headachenetwork.ca

www.americanheadachesociety.org

For more copies, go online at <http://vch.eduhealth.ca> or email phe@vch.ca and quote Catalogue No. **FM.283.M54**

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Migraine

Information Guide for Patients and Families

What is a migraine?

A migraine is a brain disorder that makes people predisposed to frequent headaches. We call migraine a ‘primary’ headache disorder. This means that headaches are not happening because of another cause such as a brain tumour or stroke.

Migraine headaches usually last 4 to 72 hours without treatment.

For your doctor to diagnose migraine, 2 of these 4 features are required:

1. Headache affects one side of your head (unilateral)
2. Headache is moderate to severe
3. Headache gets worse if you are active
4. Throbbing pain in your head

And 1 of these 2 features are also required for the diagnoses:

1. Nausea and/or vomiting
2. Sensitivity to light **and** sound

Headache is not the only problem

About 70% of patients have warning signs before the headache. These can include yawning, irritability, fatigue, and change in appetite.

About 30% of patients have an aura. The most common type of aura is a change in your sight. You might see dark or coloured spots, sparkles or zig-zag lines. The aura typically starts before the headache and can last from 5 to 60 minutes.

After the headache, you may have changes in your mood, feel tired, or notice a change in your appetite.

What causes migraine?

10 to 15% of people have migraine. It is thought to be a genetic disorder that makes your nervous system hypersensitive and vulnerable to ‘triggers’. These triggers may be one of the reasons you get headaches.

What is chronic migraine?

Chronic migraine is a term to describe headaches that occur at least 15 days each month with 8 migraine type headaches per month.

Between 1 and 3% of the population suffers from chronic migraine.

About half of chronic migraine sufferers will have headaches caused by overusing certain pain medications.

Risk factors for changing from occasional (episodic) to chronic migraine include a history of head trauma, obesity, poor sleep, mood problems, snoring, excess caffeine and medication overuse.

What is medication overuse headache?

Medication overuse headache (also called rebound headache) is caused by taking too much headache medication such as triptans, acetaminophen, anti-inflammatory medications such as ibuprofen, butalbital substances, and other pain medications including opioids.

In general, if you have migraines, you should avoid opioids or narcotics, as there is a high risk of giving you a medication overuse headache afterwards and there may be other medications effective for migraine.

Discuss all therapies with your doctor before starting any treatment option to ensure it is **safe** for you.

Triggers of migraine

A “trigger” is something that can set off a headache. Triggers for migraine may include alcohol, caffeine, chocolate, MSG, hormonal changes, bright lights, loud noise, weather, stress, or mood changes.

Lifestyle

- Take medications as prescribed to avoid worsening the headache
- Be careful not to overuse pain medications
- Keep a headache diary to learn what your possible triggers are. Then you can try to avoid them.
- Maintain a healthy sleep routine
- Exercise and eat a healthy diet
- Cut down on caffeine. It can contribute to headaches that keep coming back.
- Keep yourself hydrated by drinking at least 8 cups of water a day.
- Manage stress
- Relaxation therapy may be helpful. There are many good web sites with more information.
- Biofeedback