

Headache – treatment of migraine (with/without aura)

Correct diagnosis and exclude red flags – see 'Headache – diagnosis' guideline
 Explanation of diagnosis and treatments
 Reassurance
 Precipitating or trigger factor identification, management and avoidance (?headache diary)
 e.g. stress, bright lights, anxiety/depression, dietary factors, dehydration, sleep deprivation,
 menstrual cycle (**NB oestrogen-containing contraceptives contraindicated**)



Step 1- For acute attacks simple analgesic +/- antiemetic

- Soluble aspirin 900mg or ibuprofen 800mg
- Paracetamol if unable to take NSAIDs
- Use early in attack to avoid gastric stasis
- Avoid opioids
- Antiemetic if nausea and vomiting – metoclopramide 10mg PO; ondansetron 4mg alternative (can give sublingually which could be useful if vomiting)
- Consider rectal analgesia (diclofenac 100mg stat dose) if vomiting++ and acceptable to patient (and no significant risk factors for CV events)



Step 2- consider sumatriptan
 50-100mg stat dose at start of attack

Consultant review if:

Red flag
 Migraine occurring everyday
 Suspicion of > 1 type of
 headache present
 No response to treatment



Consider prophylaxis if: migraine attacks are frequent enough to have a significant impact on quality of life &/or there is a risk of medication-induced headache due to frequent use of acute drugs.

- This should be titrated until control is gained and may take 6-8 weeks before beneficial effects are seen.
- Prophylaxis should be tried for at least three months at the maximum tolerated dose before deciding if is effective or not.
- A good response is a 50% reduction in severity and frequency of migraine attacks



Prophylaxis

1st line: Propranolol 40mg bd, then increase up to 240mg in divided doses as necessary

2nd line: Amitriptyline before bed - initially small dose-12.5mg nocte, increasing to up to 150mg (caution side effects)

If no improvement after two drugs, discuss with consultant

References

<https://patient.info/doctor/migraine-prophylaxis-in-adults>

BNF 79 March-September 2020

Nottingham area prescribing committee, Adult headache guideline, January 2020