Migraine: Acute Therapy Guidelines

General Advice

- Patients should **try an acute intervention on at least three occasions** before deciding on therapeutic efficacy. **Aim for relief within 30-120 mins**.
- Migraine stops gastric emptying (hence nausea). All acute therapy should be taken with a prokinetic where appropriate: **domperidone 10mg, or metoclopramide 10mg stat**, to aid absorption. **Use rapid release formulations** of acute therapies whenever possible.
- Avoid paracetamol or NSAIDs on more than **15 days per month**, or triptans or codeine on more than **10 days per month**, to prevent **medication overuse headache** (normally manifests as a persistent grumbling headache between migraines).
- **Stop COCP** if migraine with aura, or migraine without aura in women >35 years old.
- Encourage the use of **headache diaries** to record the frequency, duration and severity of symptoms including associated symptoms and a record of all prescribed and over the counter medicines.

Lifestyle Advice

- Regular light exercise
- Regular meal times
- Regular bed times
- Regular wake times
- Minimise stress
- Fibre in the morning

1st line: NSAIDS +/- Paracetamol 1g (Usual contraindications apply.)

- Aspirin 900mg stat (max 4g in 24 hours)
- Ibuprofen 600mg stat (max 2.4g in 24 hours) hours).
- Naproxen 750mg stat (max 1.25g in 24 hours)
- Diclofenac 50-100mg stat (max 200mg in 24 Condsider 100mg suppositories if vomitting

1st or 2nd Line: Triptans

First Line:

- **Sumatriptan 50mg-100mg** stat (Max 100mg in single dose, 150mg per day).
- **Zolmitriptan 2.5mg** stat (Max 5mg in one day).

If vomiting is a problem: and anti-emetic with oral not helping

- **Zolmitriptan 5mg nasal spray**, one spray stat into one nostril (max 10mg per 24 hours)
- *If necessary:* **Sumatriptan 6mg subcut** stat

If pt gets unacceptable side-effects:

- **Naratriptan 2.5mg** stat (max 5mg in 24 hours).
- **Almotriptan 12.5mg** stat (max 25mg in 24 hours)

For Recurrence ("re-bound" migraine):

- **Naproxen 500mg** stat at recurrence (rather than a second dose of triptan), or with initial triptan dose
- The following are associated with less rebound: **naratriptan 2.5mg** stat, **eletriptan 40mg** stat, or **frovatriptan 2.5mg** stat.

3rd Line: A triptan combined with an NSAID.

Medication in this step wise approach should be tried for 6 weeks minimum. **Please note opiates should not be used for the treatment of migraine. Patients requiring botox should be referred to Oxford.**

General Triptans Advice

Must be taken **as soon as possible after onset of severe headache** – NOT aura (otherwise useless). If no improvement, **take another dose 2 hours later**. *Failure and side-effects are not class effects*, so rotate them.
Common Side-effects: drowsiness, parasthesia (chest, face, limbs), blurred vision.
Contraindications: CVD, PVD, & uncontrolled HTN. Not licensed over 60 but may be offered if no risk factors.

Pregnancy: Migraine normally improves. Paracetamol 1g is first line. Second line is 300mg aspirin or 400mg ibuprofen (although avoid 3rd trimester). Avoid triptans. Metoclopramide & domperidone are ok (unlicenced).

Breast-feeding: Ibuprofen fine, diclofenac probably ok, naproxen possibly ok, Avoid aspirin. Sumatriptan approved by American Academy of Paediatrics (but in UK, avoid breastfeeding within 12 hours).