Migraine: Adult Prophylactic Therapy Guidelines

Newbury and District Clinical Commissioning Group | North and West Reading Clinical Commissioning Group | South Reading Clinical Commissioning Group | Wokingham Clinical Commissioning Group

General Advice:

- Usually offered if **3 or more** migraines per month, but decided based on impact rather than frequency.
- They all have side effects. So **start on a low dose and increase slowly**. If unacceptable SEs occur, drop down a dose for a week or two before increasing slowly again. **Divided daily doses are acceptable**.
- Increase to the **maximum dose or maximum tolerated dose – whichever comes first**. Once at that dose **continue for at least 8 weeks before deciding on efficacy**, as it is not unusual for efficacy to reveal itself only after this time.
- Aim for **50% reduction in frequency and/or severity** of headaches (cure unlikely).
- Once efficacy gained, **a standard course is 6 months** and then consider gentle reduction to stop.

Lifestyle Advice & Alternative Therapies

- Regular light exercise
- Regular meal times
- Regular bed times
- Regular wake times
- Minimise stress
- Fibre in the morning
- 10 sessions of acupuncture

Over-the-counter supplements:

- Riboflavin 400mg OD

Making a choice

Not all are licensed, but all have an evidence base. **It is reasonable to personalise the choice to the patient's preference and lifestyle**. The selected SEs may act as a decision aid. Likely **minimum therapeutic dose is in blue**. **THINK! - Do they need compatible contraception? Are they trying to get pregnant?** (see BNF compatibility)

NICE Recommended:

Propranolol MR 80mg – 240mg daily

- Licensed

Decision aid: Can cause insomnia, cold extremities, reduced exercise tolerance. Avoid if asthmatic.

Topiramate: start at 25mg OD and increase in fortnightly steps to **50mg BD** (sometimes 200mg daily) Offer effective contraception to women.

- Licensed

Decision aid: poorly tolerated, *but good efficacy*! Not suitable if depressed or low BMI. Can cause acute glaucoma, cognitive problems; is teratogenic and reduces effectiveness of some hormonal contraception.

Amitriptyline: **10-150mg nocte** (good if co-morbid sleep disturbance or low mood).

- *Unlicensed*

Decision aid: Drowsiness, sedation the next morning, dry mouth, blurred vision. **Nortiptyline** is a reasonable alternative (but expensive!).

Other options supported by an evidence base:

Candesartan: start on 4mg OD and double every 2 weeks to **16mg daily** (therapeutic dose; max 32mg). Check renal function 2 weeks after onset and every dose change.

- *Unlicensed*
- Decision aid: dry cough, renal function. Probably does NOT lower a normal BP (unlike BBs).

Atenolol: **25mg – 100mg daily** is probably therapeutic.

- *Unlicensed*
- Decision aid: Reduced exercise tolerance.

Metoprolol 100mg – 200mg daily

- Licenced
- Main SEs: as per propranolol

Pizotifen: Initially 500mcg nocte, increased to **1.5mg nocte** (or divided daily doses)

- Licensed
- Decision aid: weight gain (increased appetite), dry mouth, nausea. Good in children. Less so in adults

Sodium Valproate (Epilim): Start at 200mg BD and increase in 200mg steps every 4 days to circa 400mg BD. Therapeutic dose is **600mg** – 1,500mg daily.

- *Unlicensed*
- Decision aid: Poorly tolerated. Teratogenic.

Pregnancy & Lactation: Migraines may improve during pregnancy. No drug is truly safe in pregnancy or lactation but if necessary, propranolol or low dose amitriptyline probably the safest.

Referral: If all the following met: **Medication overuse headache** at least addressed; **Three prophylaxis treatments tried** at effective or maximum tolerated dose for at least 6-8 weeks; **Chronic Migraine**: headache on ≥15 days of the month, of which ≥8 are migrainous; **Headache diary completed** with 3m of headache diary data at time of secondary care consultation (to include at a minimum: how many days with headache, how many were migrainous, what analgesia taken). Specialist will consider: **Botox therapy** (MUST meet the above referral criteria) → (if fails) → **Flunarizine** → (if fails) → **Occipital Nerve Stimulation** (surgical intervention).

Adapted from OCCCG guidance, October 2015