SIGN 155: Pharmacological management of patients with migraine. Treatment pathway

Healthcare Improvement Scotland

SIGN

Diagnosis

- Consider migraine in any patient presenting with episodic disabling headache.
- Patients with episodic disabling headache superimposed on a background of daily or near daily headache are likely to have chronic migraine.
- Always ask about acute medication use. If required for more than 2 days a week consider whether there may be medication overuse headache. Headache diaries can help.

Acute therapy

Avoid opiates and restrict acute medication to 2 days a week

- Simple analgesics: aspirin 900 mg or ibuprofen 400–600 mg
- Triptans:
  - sumatriptan 50–100 mg is first choice
  - all oral triptans are gastrically absorbed, so may not work if the patient is vomiting
  - triptans only work once headache starts
  - general efficacy is to work for 2 out of 3 attacks.

Early or persistent vomiting?

- Add antiemetic: metoclopramide 10 mg or prochloperazine 10 mg
- Consider nasal zolmitriptan or subcutaneous sumatriptan.

No response?

- Try other triptans
- Try triptan and NSAID combinations.

Lifestyle advice

For patients with migraine, maintaining a regular routine is important, including the following:

- Encourage regular meals, adequate hydration with water, sleep and exercise
- Avoid specific triggers if known
- Consider activities that encourage relaxation such as mindfulness, yoga or meditation.

Preventative therapy

- Consider if migraine is disabling and reducing quality of life, eg frequent attacks (>1 per week on average) or prolonged severe attacks.
- Which medication to try first depends on patient comorbidities, other health issues, drug interactions and patient preference.
- Anticonvulsants should be avoided in women who may become pregnant.
- Start at low dose and gradually increase according to efficacy and tolerability.
- Good response is a 50% reduction in severity and frequency of attacks.
- Treatment failure is a lack of response to the highest tolerated dose used for 3 months.

Therapies

- Propranolol: target dose 80 mg twice a day
- Topiramate: target dose 50 mg twice a day (use if propranolol fails)
- Amitriptyline/other TCA: target dose 30–50 mg at night
- Candesartan: target dose 16 mg daily

Other options

- Sodium valproate: target dose 600 mg twice a day (avoid in women who may become pregnant)
- Pizotifen: target dose 3–4.5 mg (lacking evidence, but widely used)

Referral to neurology/headache clinic

Consider referral if three or more therapies have failed.

Withdrawal

If the patient responds well to prophylactic treatment a trial of gradual drug withdrawal should be considered after six months to one year.