

Patient information on Migraine – Part 2

What treatment is available for Migraine?

- Migraine headache treatment depends upon the frequency, severity, and symptoms of your headache.
- There are **3** parts to your MEG physician’s approach to treatment:
 1. **Trigger Avoidance:** refers to dietary and lifestyle modifications to avoid the identified triggers of your migraine.
 2. **Acute Treatment:** refers to medicines you can take when you have a headache to relieve the pain immediately.
 3. **Preventive Treatment:** refers to medicines you can take on a regular (usually daily) basis to prevent headaches in the future.

Trigger Avoidance

- Patients may be encouraged to keep a diary of migraine triggers, and then avoid those triggers if possible (SEE PART 1)

Acute treatment

- The pain of migraines can be tough to get rid of. Treatment is most likely to work if you take it at the first sign of an attack (**e.g. at the first sign of aura if one occurs, or when pain begins**).
- In some people, an aura occurs before the migraine. Therefore, an aura can serve as a reliable warning that a migraine headache is on the way, and should be the signal to take migraine medication.

Pain Relievers

Mild migraine attacks may respond to pain relievers, some of which are available without a prescription.

Often recommended first for mild to moderate migraine attacks. However, they should **NOT** be used too often because overuse can lead to medication-overuse headaches or chronic daily headaches.

If you respond to a pain reliever, continue taking it with each attack, as long as you do not take it more than once or twice per week.

Specific Names	Route of Administration	Possible Side Effects	Precautions
Aspirin (Disprin®)	Oral Tablet Dissolvable solution	GI irritation, increased bleeding time, sensitivity	Active peptic ulcer, bleeding tendency, severe liver disease, 3 rd trimester pregnancy

Paracetamol (Panadol®)	Oral Tablet Dissolvable solution	Very Rare – rash, bronchospasm.	Patients with severe liver or kidney disease should avoid.
Non-Steroidal Anti-inflammatory Drugs (NSAIDS) Ibuprofen (Nurofen®, Advil®, Panfen®) Indomethacin (Indocin®) Naproxen (Advil®)	Oral Tablet, Dissolvable solution Suppository	GI upset, increased risk bleeding, dizziness, fatigue	Patients with a history of Gastric ulcers, Asthma, and Pregnant women should avoid

Anti-Nausea Medications

Often in combination with pain-relievers

Specific Names	Route of Administration	Possible Side Effects	Precautions
Metoclopramide (Maxolon®) Prochlorperazine (Stemetil®)	Oral Tablet Injection Suppository	drowsiness and fatigue, movement disorder	Patients with severe kidney and/or liver disease should avoid.

Triptans

Migraine-specific drugs. Prescribed if a simple pain-reliever doesn't control your headache.

>70% of people get pain relief within one hour of using a triptan.

>90% of people notice improvement within 2 hours.

Specific Names	Route of Administration	Possible Side Effects	Precautions
Sumatriptan (Imigran®) Zolmitriptan (Zomig®, Zoltrip®) Naratriptan (Naramig®) Rizatriptan (Rizatriptan®) Eletriptan (Relpax®)	Oral Tablet Injection Intranasal Spray	unpleasant taste (spray), dizziness, feeling of warmth or flushing (tablet/injection), tingling in arms or legs (Injection)	People with high blood pressure, coronary artery disease, pregnancy, severe kidney or liver disease should not use

Preventive treatment

- Preventive treatment effectively controls migraine headaches in most people
- Benefits of this treatment may not be evident for three to four weeks.

- In some cases, both acute treatment and preventive treatment are necessary to adequately control migraines

Tricyclic Anti-depressants			
Originally developed to treat depression			
Used in much lower doses than traditionally used for depression			
Specific Names	Route of Administration	Possible Side Effects	Precautions
Amitriptyline (Endep®) Nortriptyline (Allegron®)	Oral Tablet	Drowsiness, dry mouth & eyes, constipation, palpitations, weight gain at higher doses, blurred vision, urinary retention. Confusion can occur, particularly in older patients.	Patients who have a history of seizures, significant psychiatric disease, liver disease, urinary retention or glaucoma should avoid these medications
Beta Blockers			
Originally developed to treat high blood pressure			
Specific Names	Route of Administration	Possible Side Effects	Precautions
Propranolol (Inderal®, Deralin®)	Oral Tablet	May worsen depression, may cause impotence.	Avoid in patients with asthma, diabetes, or low blood pressure
Anti-Seizure Medications			
Originally developed to treat high blood pressure			
Specific Names	Route of Administration	Possible Side Effects	Precautions
Topiramate (Topamax®)	Oral Tablet	Abnormal sensations (tingling), fatigue, nausea, changes in taste, loss of appetite, diarrhoea, and weight loss. More severe side effects can occur, including difficulty with thinking and concentration.	Avoid if pregnant. Avoid if strong history psychiatric illness
Valproate (Valpro®) Works as well as Beta	Oral Tablet	Weight gain, hair loss, altered liver function, memory impairment,	Avoid if pregnant or sexually active without

Blockers for preventing migraine		confusion, altered blood	contraception
Gabapentin	Oral Tablet	Lightheadedness, drowsiness, dizziness, and balance problems.	Avoid abrupt withdrawal, use in severe psychiatric disease

Calcium-Channel Blockers

Originally developed to treat high blood pressure

Specific Names	Route of Administration	Possible Side Effects	Precautions
Verapamil (Isoptin®, Isoptin®) Nifedipine (Adalat®, Addos XR®)	Oral Tablet	Constipation, low blood pressure, dizziness, nausea Calcium channel blockers may lose their effectiveness over time, but this can sometimes be remedied by taking a higher dose, or switching to a similar drug.	Avoid in patients with low blood pressure, heart failure, aortic stenosis.

Concerns or questions?

You can contact your ENT Specialist at the Melbourne ENT Group (MEG):

- Phone: 1300-952-808
- Email: admin@melbentgroup.com.au
- Website: www.melbentgroup.com.au

Your GP is also the best contact for ongoing care and concerns.



Further information

The American association of Migraine Disorders is an association founded by ENT doctors who recognise that people with traditional migraine headaches have many neurological symptoms that do not include headache.

www.migrainedisorders.org



Scan this code with your smartphone camera to automatically visit website

The Victorian government health channel has regularly updated patient information on migraines

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/headache-migraine>



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