### Patient Presentation

**Migraine**

### GP

**General lifestyle advice:**
- Regular meals (avoid snack foods and missing meals).
- Avoid excess alcohol, fizzy caffeinated drinks.
- Regular sleep and daily aerobic exercise (walking, cycling).
- Avoid specific triggers (glare, stress, foods, drinks, travel).
- Encourage use of Headache Diaries & Stress management.

### Options for migraine of increasing severity

### For prophylactic medication options

**Prophylaxis (trials suggest that prophylaxis provides a reduction in severity and frequency of headaches by 50%):**
- Consider if 3 or more attacks per month or where attacks are very severe.
- Treat for at least 3 months.
- If anticonvulsant prophylaxis given to women of childbearing age with caution; they should be counselled regarding side effects and associated risks in pregnancy.*
- Combination therapy may be required.

**Medication Options:**
- Beta-blockers: propranolol 80–240mg daily recommended as first line prophylaxis.
- Triptans: sumatriptan 100mg 2 hours before bedtime.
- Anti-epileptics (note above regarding caution in pregnancy): Sodium Valproate (800–1500mg/day) recommended for episodic migraine. Topiramate (50 mg–200mg/day) recommended for episodic and chronic migraine (BNF advises initiate Topiramate under specialist supervision).
- Other: Venlafaxine 75–150 mg daily is an alternative to tricyclic antidepressants.
- Also consider:
  - Stress management.
  - Acupuncture.

**NB:** Topiramate no longer needs specialist supervision.

### NHS GG&C

Refer to Neurology when 4 preventative medications have been tried in turn, for 8 weeks each, in therapeutic doses, and there is no reduction in severity or frequency.

### Drug management for acute migraine:

**N.B. The risks of medication overuse headache should be discussed with the patient and analgesic and triptan use limited to no more than 2 days a week on average.**

1. **Simple analgesics:**
   - Aspirin 900mg (all severities).
   - Ibuprofen 400mg (all severities/other NSAIDs).
   - Paracetamol 1000mg (mild/moderate severity).
   - Aspirin plus metoclopramide.

2. **Anti-emetics:**
   - Oral & rectal anti-emetics can be used to reduce symptoms of nausea and vomiting and to promote gastric emptying.

3. **Triptans (recommended for all severities if previous attacks not controlled using simple analgesics):**
   - Almotriptan 12.5mg, eletriptan 40–80mg, rizatriptan 10mg and sumatriptan 100mg are the preferred oral triptans.
   - If a patient does not respond to one triptan an alternative should be offered.
   - Consider nasal or subcutaneous triptans if prominent nausea/vomiting.
   - Triptans should be taken at/soon after, the onset of headache phase of the attack.
   - A combination of triptan and NSAID may be helpful in prolonged attacks associated with recurrence.

4. **Opioid analgesics should be AVOIDED in the treatment of acute migraine.**

### Emergency treatment for severe migraine:

- Diclofenac (100mg) suppository or 75mg IM, or
- Subcutaneous Sumatriptan 6mg – (if no triptan already taken).
- Dexamphetamine 30mg suppository.

* N.B. OPIATES SHOULD BE AVOIDED

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This information is available online at: [http://www.18weeks.scot.nhs.uk/how-to-achieve-and-maintain-18-weeks/patient-pathways-1/](http://www.18weeks.scot.nhs.uk/how-to-achieve-and-maintain-18-weeks/patient-pathways-1/)