Acute Migraine Treatment:
What you and your family should know to help you make the best choices with your doctor

TAKE CONTROL OF YOUR MIGRAINES!
ABOUT THIS PATIENT GUIDE:

Migraine attacks are often debilitating and can have a serious impact on an individual's functioning and quality of life. Being informed about migraine and knowing how to prevent and manage migraine attacks can help you live better with migraine.

This guide is intended to help you choose the best acute migraine medication strategy for you, and to assist in using it in the most effective way.

This guide is not intended to replace medical advice, and you should discuss any questions or concerns you have about your migraine treatment plan with your healthcare team.

Content for this information brochure has been derived from the Canadian Headache Society Guidelines for Acute Migraine

Promoting education and research for migraine and headache
GOALS OF ACUTE MIGRAINE THERAPY

The main goal of acute migraine therapy is to be free of pain within 2 hours of migraine onset with no (or minimal) medication side effects. If you are not achieving this goal, talk to your healthcare team about trying another medication.

THE IMPORTANCE OF TREATING MIGRAINE EARLY

Acute migraine medications work best when taken early during the attack, when pain is still mild. This is usually within 20 to 60 minutes of the start of a moderate to severe migraine.

Most people who have migraine with aura find it most helpful to take their acute migraine medication when the headache starts rather than during the aura itself.

ACUTE MIGRAINE MEDICATIONS

There are many acute migraine medications available including:

**Triptans** such as almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan and zolmitriptan. These are all available as tablets. Some triptans are also available as nasay spray (sumatriptan, zolmitriptan), as an injection (sumatriptan), or as wafers (zolmitriptan, rizatriptan). Triptans can all be taken with naproxen sodium and with anti-nausea medications.

**Non-steroidal anti-inflammatory drugs or “NSAIDs”** such as acetylsalicylic acid (ASA) 975-1000 mg, ibuprofen 400 mg, naproxen sodium 500-550 mg, and diclofenac 50 mg. Diclofenac is available as tablets or as powder dissolved in water. NSAIDs can all be taken with anti-nausea medication.

**Acetaminophen** 1000 mg can be taken for mild or moderate migraines, with anti-nausea medications if needed.

**Ergots** such as dihydroergotamine (available as a nasal spray or injection) or ergotamine tablets with caffeine.

**Anti-nausea medications** such as metoclopramide 10 mg and domperidone 10 mg to help control nausea or vomiting.

*Medications that should not be taken routinely for migraine include painkillers containing tramadol, codeine or barbiturates, and butorphanol nasal spray and other strong opioids like oxycodone.*
WHICH ACUTE MIGRAINE MEDICATIONS SHOULD YOU USE?

The severity of your migraine attacks and your response to the medications you have tried in the past can help you arrive at the best acute treatment plan for you. Here are some guidelines:

Severe attacks that often require bed rest – it is best to try a triptan with an anti-nausea medication if needed. Sumatriptan injection is often best for severe attacks with early vomiting or that do not respond to triptan tablets.

CHOOSE YOUR TREATMENT ACCORDING TO YOUR ATTACK:

First trials the treatment of migraine attacks (step 1) – there are many options to choose from including NSAIDs or acetaminophen for less severe attacks, or a triptan for relatively severe attacks that do not require bed rest. A triptan can be added as a “rescue” medication if the NSAID or acetaminophen fails.

Migraine attacks that do not respond well to NSAIDs (step 2) – a triptan is usually the best acute medication. You should be pain-free or almost pain-free within 2 hours. If the headache comes back within 24 hours, a second dose of the triptan usually works well.

Migraine attacks that do not respond well to triptans (step 3) – it may be helpful to take naproxen sodium and a triptan together.

Migraine attacks that respond well to a triptan-naproxen combination with occasional failures (step 4) – rescue medications such as prochlorperazine or occasional use of corticosteroids or acetaminophen with tramadol or codeine can help. Talk to your healthcare team about rescue medications.

Migraine attacks that do not respond well to triptan-naproxen combination (step 5) – dihydroergotamine with oral metoclopramide (if needed) may be helpful.

Migraine attacks that do not respond well to the above treatments (step 6) – opioid analgesics are an option, but they should not be used routinely for migraine. Talk to your healthcare team about your options.
HELPFUL TIPS FOR CHOOSING AN ACUTE MIGRAINE TREATMENT PLAN

- Learn about all the treatment options that are available
- Do not be discouraged if one treatment does not work – there are others you can try
- An anti-nausea medication can be added if needed
- If a medication works well for your migraine, there is no need to try other options
- There are several triptans to choose from, so try a different triptan if the first one does not work well
- Give a triptan 3 tries for separate migraine attacks before deciding if it works well for you or not
- Orally dissolving triptans or NSAIDs, or intranasal triptans may work better than regular tablets for people with nausea

MENSTRUAL CYCLE, PREGNANCY AND BREASTFEEDING

**Menstrual migraine** – Migraines that occur around the time of menstruation are sometimes more difficult to control than other attacks and may be of longer duration. They can still be treated with the same medications as for the acute migraines described in the previous section. Hormonal treatments and mini-prophylaxis with NSAIDs or triptans with a prolonged effect are options to help manage these attacks. Discuss this with your health professional.

**Migraine during pregnancy** – Migraines may improve during pregnancy but medications are still often necessary. Avoid using medications during pregnancy if possible, especially during the 1st trimester. Avoiding migraine triggers and relaxation exercises may be helpful. If medication is necessary, acetaminophen is considered to be the safest painkiller for use during pregnancy. NSAIDs should be used with caution. Triptans are not recommended. Metoclopramide may be used during pregnancy but domperidone should be avoided. Ergots should not be used during pregnancy.
Migraine during breastfeeding – It is best to avoid drugs during breastfeeding. The following medications are considered to be safe during breastfeeding: acetaminophen, ibuprofen, diclofenac, naproxen, sumatriptan, metoclopramide, domperidone, and codeine in occasional doses. ASA should be avoided.

For additional information on pregnancy and breastfeeding please consult www.motherisk.org

USE A MIGRAINE DIARY TO MAKE THE RIGHT CHOICES

Instructions for filling out the migraine diary:

a. Write down all of your headaches according to their maximal severity (1 = mild, 2 = moderate, 3 = severe). Some people have different types of headaches.

b. Write the names of each of your acute medications in the Tx squares on the left. Record a mark every day that you use them.

c. Write down the efficacy of your treatment (0 = none, 1 = partial, 2 = success, attack was controlled).

d. Track other details of interest (e.g., menstrual periods, auras, triggers, etc.)

Name: ________________________________  Keeping a diary is the best way to make the right decisions about your migraines.
Months: ________________________________
Prophylaxis: ____________________________

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Write down all your headache according to their severity (1 = mild, 2 = moderate, 3 = severe).
Write the names of your acute medications in the Tx squares on the left. Put a check if you used them for each day.
Write down the efficacy (0 = none, 1 = partial, 2 = success, attack was controlled).
CONCLUSIONS

Many medications are available for acute migraine treatment. Sometimes several medications must be tried to find one that works best for you without causing any (or minimal) side effects.

Learn about the treatment options that are available and when to use them. This knowledge can help you partner with your healthcare team to manage your headaches.

The more you learn about migraine treatment, the more successful you are likely to be.

For more information, visit The Headache Network Canada website at www.migrainecanada.org
Don’t Let A Migraine Ruin Your Day!

Do you have Migraines? Take this Quick Test to Find Out:

Over the Last Three Months:

Did you have a headache where you felt nauseated or sick to your stomach?  

| YES □ | NO □ |

Did light bother you when you had a headache (a lot more than when you did not have a headache)?  

| YES □ | NO □ |

Did your headache limit your ability to work, study or do what you needed to do for at least a day?  

| YES □ | NO □ |

If you answered “Yes” to two questions, you may be experiencing migraine headaches.

There are MANY Options to Treat Migraine Attacks

Speak to your Doctor to find the Treatment Plan that Works Best for You

Visit www.migrainecanada.org or www.migrainequebec.com, for more information about migraines and to read the Canadian Headache Society Guidelines for the Acute Treatment of Migraine.

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