

What **you** should know about.....

MIGRAINE PREVENTIVE MEDICATIONS

What are preventive migraine medications?

- Preventive medications are meant to be taken every day to reduce the number of migraines you have per month. They are different from acute or symptomatic medications like the triptans (e.g. sumatriptan) or painkillers which are taken to treat individual migraine attacks. Preventive medications do not cause rebound or medication-overuse headache.
- Preventive medications should be considered along with self-management skills which include stress management, maintaining a healthy lifestyle, and avoiding migraine triggers to decrease your headache frequency. (Self-management strategies such as self-awareness and pacing are covered in depth in the information sheet “*What You Should Know About Headache Self-management*”.)

When should I consider taking a preventive medication?

- Consider taking a preventive medication when your migraines cause significant disability even though you take acute medications for individual attacks appropriately.
- When you need to take acute medications frequently: 10 days a month or more for triptans, or painkillers with codeine and/or caffeine, OR 15 days a month or more for acetaminophen and non-steroidal anti-inflammatory medications like ibuprofen or naproxen.

Which medication should I try?

- There is no way to know which preventive medication will work best for you. It may be necessary to try more than one medication to find one that works well for you. It is important that you try each medication for at least 2 months. If you have other medical conditions, then a medication that will help both the migraine and other medical problem might be tried. For example:
 - If you have high blood pressure, a medication that can decrease blood pressure and headache frequency may be an option (for example, propranolol, metoprolol, nadolol or candesartan).

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- If you have depression or anxiety, then amitriptyline, nortriptyline or venlafaxine may be a good choice. These medications can be just as effective for headache prevention even if you don't have anxiety or depression.
- If you are overweight, topiramate may be an option as it tends to produce weight loss as well as a decrease in migraine frequency. Topiramate can also be used even if you are not overweight.
- If you prefer herbal or non-prescription medications, you might consider magnesium citrate, riboflavin (Vitamin B2), butterbur or Coenzyme Q10.
- If these medications have not worked for you there are still several others that can be tried (divalproex, gabapentin, pizotifen and flunarizine), and if necessary two preventive medications can be tried together.
- For chronic migraine (migraine with headache on more than 14 days a month), onabotulinumtoxin A may be considered.
- Your doctor can help you choose a migraine preventive medication and work with you to see how much it will benefit you.

What is likely to happen after I start a migraine preventive medication?

- After starting a migraine preventive medication, one of three results can be expected.
 - The medication may be quite successful, and cause a gradual reduction in your attack frequency over several months without significant side effects. You should not expect these medications to stop your migraine attacks completely. A successful preventive medication will decrease your migraine frequency by 50% or more.
 - You may have few if any side effects, but the medication may not work to reduce your migraine frequency. If the drug is not effective after 2 to 3 months, it is time to try another medication.
 - You may have side effects like nausea, fatigue, dizziness, sedation, or others that will make you want to stop the medication. If side effects remain unpleasant after a few weeks, it is probably time to try a different one.
- *Headache diaries* are the best way to measure the effect of preventive medications on your headache frequency. Make sure you share your diary with your doctor.