

Try until you find relief

I spent years dealing with migraine attacks. Tylenol was barely touching them. Advil was taking a bit of the edge off. I was using too much of it. Now I have found better options. For my normal attacks I use a triptan. For severe attacks (I do get them with my period), I can combine a triptan with an anti-inflammatory. I am glad I kept trying. Now I can control the majority of my attacks, and that's way better than spending a day in the dark room!



USUAL OPTIONS TO TREAT A MIGRAINE ATTACK

Class of medications	HOW they work	Examples of medications
ANTI-INFLAMMATORIES	Block inflammation	Naproxen (Anaprox, Aleve), ibuprofen (Advil, Motrin), diclofenac (Cambia, Voltaren)
TRIPTANS	Stimulate serotonin receptors	7 brands available: NAME-triptan (brand name) ALMO (Axert), ELE (Relpax), FROVA (Frova), NARA (Amerge), RIZA (Maxalt), SUMA (Imitrex), ZOLMI (Zomig)
ANTI-NAUSEA	Help with nausea	Dimenhydrinate (Gravol), Prochlorperazine (Stemetil), Ondansetron (Zofran)....
OTHER	Depends on the option	Hot, cold, aromatherapy, relaxation, TENS Gamma Core (neuromodulation)

OPIOIDS SHOULD BE AVOIDED.

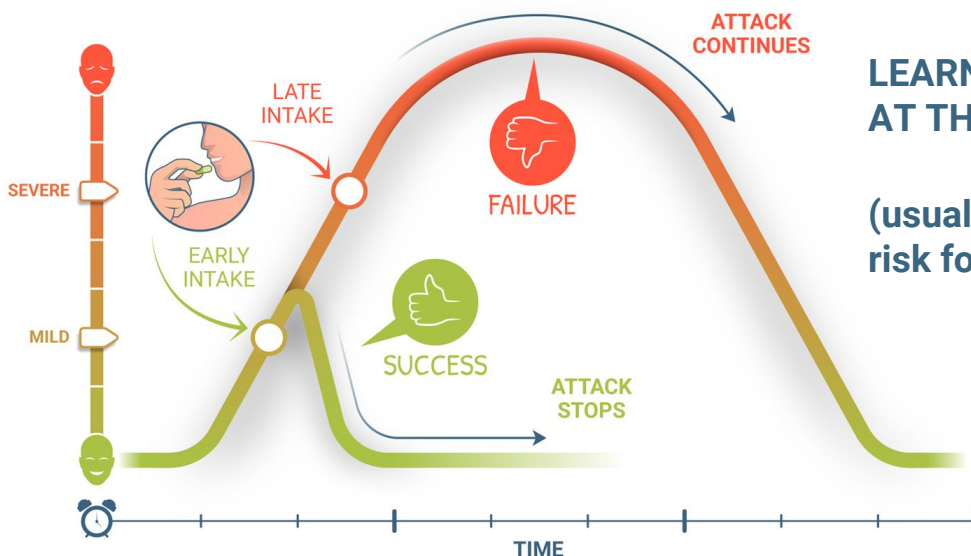
There is a high risk of addiction and worsening of migraine frequency over time. Discuss only with a headache specialist after having tried other safer options.



CANNABIS SHOULD BE AVOIDED.

There is no evidence on the effectiveness or safety of cannabis to treat migraine. Cannabis may lead to addiction and medication-overuse headache.

Principle	WHY	HOW
Treat early	Early treatment increases chances of success	Recognize the beginning of the attack Address reasons for delay
Combine	NSAIDs and triptans have different mechanisms	Try combinations and observe results New option in Canada: Suvexx (pill contains sumatriptan AND naproxen)
Bypass the gut Use fast options	Migraine = the gut system slows down, absorption of drugs limited	Nasal sprays: ZOLMI, SUMA Suppositories: NSAIDs Injectables: SUMA, Ketorolac
Tailor treatment	Attack severity may vary and become predictable	Find different options and combinations for different types of attacks
Not only medications	Every bit counts for relief	Hot, cold, aromatherapy, glasses, meditation, TENS etc
Prevent overuse	May increase risk of more frequent attacks (vicious circle)	Risk zone = 10+ days per month Consider prevention



LEARN TO TREAT YOUR ATTACK AT THE RIGHT TIME

(usually early, unless you are at risk for overuse = > 8-10/month)

IF YOU'RE TREATING >2 days/week, DISCUSS WITH YOUR HEALTHCARE PROVIDER

If you are treating more than 10 days per month on a regular basis... you're at risk for rebound headache (medication-overuse headache or MOH) .

Frequent acute med use may lead to more attacks.

Discuss with your healthcare provider and consider preventive treatments.