

Try until you find relief

“Over the last few years, my migraine attacks have become more and more frequent. I am missing work, and I have to cancel personal activities. I was very reluctant to try medications and had concerns about side effects. The first two drugs I tried did not work. At that point I was discouraged, but I kept trying and finally found the right option for me. I still have attacks but not as often. I gained back control, and now I can enjoy my life!”



Starting a preventive is a decision based on the impact of migraine on your life

There is no magic number, but prevention can be considered if you have >4-6 migraine days/month, recommended if you have >8 days/month and strongly recommended for anyone with chronic migraine (15/month or more). If attacks impair your ability to function, you should discuss this with your healthcare provider. The final decision is yours.

PREVENTIVE MEDICATIONS: MANY DRUG CLASSES AVAILABLE

Class of meds	HOW they work	EXAMPLES OF MEDICATIONS (there are more)
ANTI-DEPRESSION	Modulate pain systems in the brain (pain and emotions are linked)	Amitriptyline (Elavil) Nortriptyline (Aventyl) Venlafaxine (Effexor)
ANTI-HIGH BLOOD PRESSURE	Unclear but not necessarily related to a decrease in blood pressure	Propranolol (Inderal) Nadolol (Corgard) Candesartan (Atacand)
ANTI-SEIZURE	Stabilize neurons and increase brain threshold for attacks	Topiramate (Topamax) Gabapentin (Neurontin) Valproate (Epival)
CGRP ANTIBODIES	Block CGRP, a protein that plays a role in migraine attacks ** Watch our webinar on YouTube	Erenumab (Aimovig) Fremanezumab (Ajovy) Galcanezumab (Emgality) Eptinezumab (Vivepti)
BOTOX	Calm sensory nerves, decrease pain input from skin	OnabotulinumtoxinA (Botox) ** Indicated for Chronic Migraine

Principle	WHY	HOW
Use a headache diary	Making decisions is easier with a clear baseline and detailed information.	Choose your tool (app, paper) and stick to it. Bring results to your appointments.
Aim for a dose that works	Oral medications need to be increased to a sufficient dose to produce an effect	Your healthcare provider will recommend a schedule. Try to follow it unless you have side effects. Don't give up too early.
Keep it long enough	Medications may take a while to have an effect. Migraine tends to fluctuate.	A good trial for a preventive is usually 3 months, sometimes longer.
Observe different benefits	Beyond the decrease in headache frequency, other benefits may be observed	Attack severity, response to acute medications, ability to function better are all important signs of response
Keep trying	There is no way to predict which drug will work for you, they have different mechanisms	Discuss a plan with your healthcare provider. See which options you can try. Don't give up!

Finding the right option can be a marathon not a sprint, don't give up

One challenge met by people with migraine is that even headache specialists cannot predict which medication will work. Even within a drug class, some people will improve with drug A, and others with drug B.

Be careful when asking other people (on social media for example) about their experience with a drug. Your story might prove entirely different.

Will I take a medication all my life?

Migraine is a neurological disease and may require long term treatment, just like diabetes and high blood pressure. If you find something that works, it may be continued for a year, then you can reevaluate with your healthcare provider. If you are doing better, an attempt at decreasing the medication can be tried. Avoid stopping a preventive medication for migraine abruptly.

What if nothing works? Should I see a headache specialist?

It is fair to say that nobody should «give up» before having seen a headache specialist. Some people with migraine struggle to find relief, but there are now more and more options available and a general practitioner may not be aware of all of them.