

### 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
<b>ANTI-INFLAMMATORIES</b>	Block inflammation	Naproxen (Anaprox, Aleve), ibuprofen (Advil, Motrin), diclofenac potassium for oral solution (Cambia), Diclofenac potassium (Voltaren)
<b>TRIPTANS</b>	Stimulate serotonin receptors	7 brands available: NAME-triptan (brand name) ALMO (Axert), ELE (Relpax), FROVA (Frova), NARA (Amerge), RIZA (Maxalt), SUMA (Imitrex), ZOLMI (Zomig)
<b>COMBINATION TRIPTAN &amp; ANTI-INFLAMMATORY</b>	Block inflammation & stimulate serotonin receptors	Sumatriptan & naproxen sodium (Suvexx)
<b>ANTI-NAUSEA</b>	Help with nausea	Dimenhydrinate (Gravol), Prochlorperazine (Stemetil), Ondansetron (Zofran)...
<b>OTHER</b>	Depends on the option	Hot, cold, aromatherapy, relaxation, TENS Gamma Core (neuromodulation)

### OPIOIDS SHOULD BE AVOIDED.

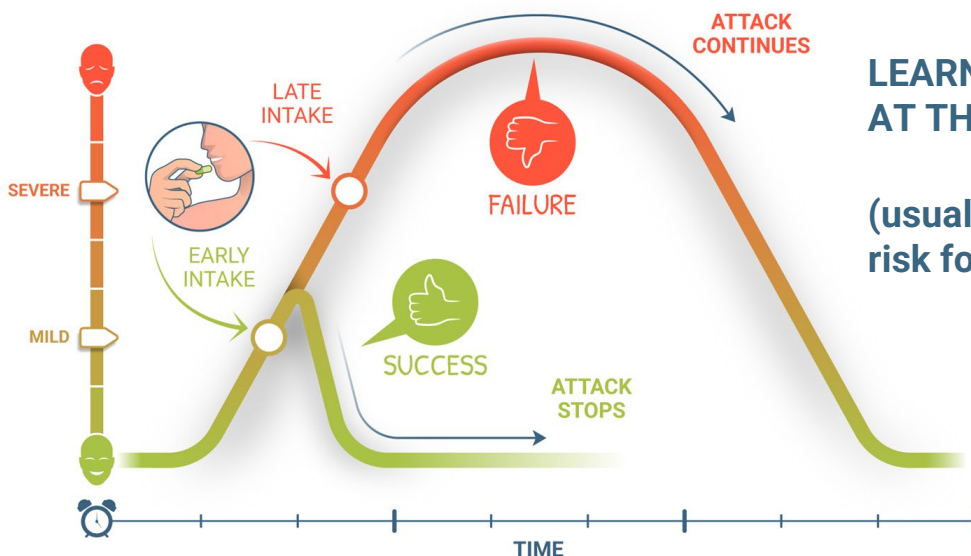
There is a high risk of addiction and worsening of migraine frequency over time. Discuss only with a headache specialist after having tried other safer options.



### 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
<b>Treat early</b>	Early treatment increases chances of success	Recognize the beginning of the attack Address reasons for delay
<b>Combine</b>	NSAIDs and triptans have different mechanisms	Try combinations and observe results New option in Canada: Suvexx (pill contains sumatriptan AND naproxen)
<b>Bypass the gut</b> <b>Use fast options</b>	Migraine = the gut system slows down, absorption of drugs limited	Nasal sprays: ZOLMI, SUMA Suppositories: NSAIDs Injectables: SUMA, Ketorolac
<b>Tailor treatment</b>	Attack severity may vary and become predictable	Find different options and combinations for different types of attacks
<b>Not only medications</b>	Every bit counts for relief	Hot, cold, aromatherapy, glasses, meditation, TENS etc
<b>Prevent overuse</b>	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.