PREVENTIVE TREATMENTS: PRINCIPLES TO OPTIMIZE SUCCESS

Starting a preventive treatment is a decision based on your personal preferences and how migraine is impacting your life, daily function, and goals. In general, preventive treatment:

- Should be considered if you have greater than 4-6 migraine days/month, or greater than 3 debilitating days.
- Recommended if you have greater than 8 days/month of acute medication use.
- Strongly recommended for anyone with chronic migraine (15 attacks or more each month).

Principle	WHY	HOW
Use a headache diary to track your migraine	Making decisions is easier with a clear baseline and detailed information.	Choose your tool (app, paper) and use one diary tool consistently to record your observations. Bring results to your appointments.
Aim for a dose that works	Oral medications need to be increased to find a sufficient dose that is effective.	Your healthcare provider (HCP) will recommend a schedule to increase dosing if necessary. Take the medication as prescribed. If you experience side effects speak with your HCP. Don't give up too early.
Keep taking it long enough	Medications may take a while to start working. Migraine tends to fluctuate.	A good trial for a preventive is typically 3-4 months, sometimes longer.
Observe different benefits	Beyond the decrease in headache frequency, other benefits may be observed (ie. less intensity, shorter duration).	Attack severity, response to acute medications, ability to function better are all important signs of response.
Keep trying and consider other options	There is no way to predict which treatment will work. They all work differently to treat migraine.	Discuss a plan with your HCP. See which options you can try. Have a plan and don't give up!

FINDING THE RIGHT OPTION CAN BE A MARATHON, NOT A SPRINT.

- Your HCP will verify which medications may not be safe or appropriate for you based on your health history or current medications.
- Every medication may have side effects. Your HCP should discuss this with you.
- Working through medication is a trial and error approach as headache specialists don't have a way to predict which medication will work best for each person. Even within one 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 medication. Your story might prove entirely different. That is true both for effectiveness and side effects.

WILL I NEED TO TAKE 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 HCP.
- If you are doing better, an attempt at decreasing the medication can be tried. Avoid stopping a migraine preventive medication abruptly.
- Do not make changes in doses without discussing with your HCP.

WHAT IF NOTHING WORKS? SHOULD I SEE A HEADACHE SPECIALIST?

- Understand the treatment options available for migraine and discuss these with your primary care provider.
- If your primary care provider has run out of ideas, ask to be referred to a headache specialist/neurologist.
- Improvement often requires a combination of approaches (medication and lifestyle).

These recommendations and all other information are based on published guidelines and on the expert consensus of the Migraine Canada Scientific Advisory committee. Migraine Canada expressly disclaims any direct or indirect liability to any patient.

LIST OF PREVENTIVE MIGRAINE TREATMENTS
LOWER ATTACK FREQUENCY AND SEVERITY

Class of medication	Medication	Dose range
Anti-depressants	Amitriptyline (Elavil)	10 mg nightly up to 50 mg nightly
	Nortriptyline (Aventyl)	10 mg nightly up to 50 mg nightly
	Venlafaxine (Effexor)	37.5 mg daily, up to 150 mg daily
Anti-hypertensives	Propranolol (Inderal)	40mg daily up to 80 mg twice daily, Long acting form (once daily available)
	Nadolol (Corgard)	20mg daily up to 240 mg daily
	Candesartan (Atacand)	8 mg daily up to 16 mg daily
	Enalapril	2.5 mg daily up to 5 mg twice daily
	Lisinopril	10 mg daily up to 20 mg daily
	Verapamil	Start at 40 mg twice daily up to 320 mg daily in divided doses
	Flunarizine (Sibelium)	5 mg daily up to 10 mg daily
Anti-epileptics	Topiramate (Topamax)	25 mg nightly, up to 100 mg in one or two doses
	Valproate (Epival, Depakote)	250 mg daily up to 1000 mg in two daily divided doses
	Levetiracetam (Keppra)	250 mg daily up to 1000 mg in two daily divided doses
CGRP Antibodies	Eptinezumab (Vyepti)	100 mg or 300 mg IV every 3 months
	Erenumab (Aimovig)	70 mg or 140 mg subcut monthly
	Fremanezumab (Ajovy)	225 mg subcut monthly or 675 mg subcut every 3 months
	Galcanezumab (Emgality)	120 mg subcut monthly (loading dose 240 mg)
Gepants	Atogepant (Qulipta)	10 mg, 30 mg or 60 mg daily
	Rimegepant (Nurtec)	75 mg every other day ** Not approved in Canada for prevention but available as an acute treatment
Toxin	Onabotulinum Toxin Type A (Botox)	155-195 units by injection every 3 months PREEMPT protocol ** Indicated for Chronic Migraine only
Serotonergic agonist	Pizotifen (Sandomigran)	0.5 mg daily up to 1.5 mg daily
NMDA antagonist	Memantine (Namenda)	5 mg daily up to 10 mg twice daily
Nutraceuticals	Coenzyme Q10	Start at 100 mg daily, up to 300 mg
	Magnesium	150 to 300 mg twice daily (citrate or glycinate used)
	Melatonin	3 mg nightly
	Riboflavin (vitamin B2)	200 mg up to 400 mg daily
	Petasites Hybridus (Petadolex)	75 mg twice daily
	Vitamin D	2000 units daily

Private and public drug insurance plans may cover the cost of these medications. They typically require specific forms and medication prerequisites for approval. Speak to your drug benefit provider directly to find out these details.

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