

Try options 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 or a gepant. 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!



AVAILABLE OPTIONS TO TREAT A MIGRAINE ATTACK

| Class of Medications | How they Work | Examples of medication |
|--------------------------|------------------------------|---|
| ANTI-INFLAMMATORY | Block inflammation | Naproxen (anaprox, Aleve), Ibuprofen (Advil, Motrin), diclofenac (Cambia, Voltaren), Indomethacin (indocid) |
| TRIPTANS | Simulate serotonin receptors | 7 brands available : NAME-triptan (brand name), ALMO(Axert), ELE (Replax), FROVA (Frova), NARA (Amerge), Riza (Maxalt), SUMA (Imitrex), ZOLMI (Zomig) |
| GEPANTS | Block CGRP Receptor | Ubrogepant (Ubrelvy) Rimegepant (Nurtec) |
| ANTI-NAUSEA | Help with nausea | Dimenhydrinate (Gravol), Prochlorperazine (Stemetil), Metoclopramide (Metonia), Ondansetron (Zofran) |
| OTHER | Depends on the option | Hot, cold, mint roller, aromatherapy, relaxation, TENS, Gamma Core, Cefaly (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.

Principles to optimize success

Become your own expert!

| Principle | Why | How |
|--|---|---|
| Treat early/ when symptoms are mild | Early treatment increases chances of success | Recognize the beginning of the attack (first symptoms, prodrome, aura). Address reasons for delaying intake |
| Combine different medications | NSAIDs, triptans and gepants have different mechanisms | Try combinations and observe results. Always check if the combination is safe with your care provider. |
| Bypass the gut absorption | 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 be predictable | Find different options and combinations for different types of attacks |
| Beyond medications | Every bit counts for relief | Hot, cold, mint roller, aromatherapy, glasses, meditation, TENS, etc. |
| Prevent overuse | May increase risk of more frequent attacks (vicious circle) | Risk zone = >8-10 days/month. Consider prevention. |



LEARN TO TREAT YOUR ATTACK AT THE RIGHT TIME: USUALLY EARLY

(unless you are at risk for medication overuse headache = >8-10 days/month of acute medication use)
See our medication overuse resource for more information

IF YOU'RE TREATING >8-10 DAYS/MONTH, DISCUSS WITH YOUR HEALTH PROVIDER

- Frequent acute medication use may lead to more attacks (Advil and Tylenol also count).
- Consider/optimize preventive treatments
- Gepants do not cause medication overuse headache