

Migraine Discussion Guide



Migraine is a spectrum disease, varying in frequency, intensity, and impact. Proper management can prevent disability and improve quality of life. This guide helps you communicate effectively with your primary care provider (PCP) and cover key health topics.

The Migraine Canada discussion guide will enable you to:

1. Come Prepared: Document the impact of migraine, your symptoms, and goals.
2. Know your treatment options and make a treatment plan.
3. Discuss additional questions with your PCP.

Tracking your migraine is key to present a clear picture (identifying patterns in triggers, symptoms and efficacy of treatments). You can use paper templates or the Canadian Migraine Tracker app.



[Click Here](#)



Is it Migraine?



If you experience all of the following when you have a headache, it could be migraine:

☐ Headache with nausea

☐ Photo (light) sensitivity

☐ Impaired function

Impact of Migraine

Beyond head pain, migraine significantly impacts a person's overall quality of life.

How many headache days did you have in the past month?

Consider preventive treatment if majority of responses are checked "Often" or "Always".

Answer the following questions to describe the impact of headaches

1. When you have headaches, how often is the pain severe?
2. When you have a headache, how often do you wish you could lie down?
3. How often do you feel fed up or irritated?
4. How often do you feel depressed?
5. How often do you feel anxious?

| Never | Rarely | Sometimes | Often | Always |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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In the past 4 weeks, how often is your ability limited in the following:

1. Family Activities
2. Social Activities
3. Work/Academics
4. Sleep (through the night, 6-8 hrs)
5. Hobbies

| Never | Rarely | Sometimes | Often | Always |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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Red Flags

Patients should go to the Emergency Department or get urgent care if they have any of the following symptoms:

- Fever
- Aura (i.e. seeing sparks/bright dots, tingling on one side of the body, and inability to speak clearly)
- Sudden severe headache that peaks within 60 seconds (thunderclap)
- Headache that is worse after standing
- Headache that progressively worsens over the past few weeks/months
- Headache during pregnancy
- New type of headache
- Double Vision
- Loss of vision
- Weight loss



Stages and symptoms of migraine (circle all that apply)

Prodrome

Fatigue Water retention
Yawning Food Cravings
Mental Slowness Nausea
Mood Changes Diarrhea
Neck Pain Light Sensitivity
Lightheadedness/Vertigo

Few hours to days

Aura

(Only experienced by 25%)
Visual changes
Blind spots
Flashing lights
Tingling
Speech difficulties
Lightheadedness/Vertigo

5-60 minutes

Headache

(can be on one side, throbbing, and/or severe)
Nausea/Vomitting
Light sensitivity
Sound Sensitivity
Limited Activities

4-72 hours

Postdrome

Lack of energy
Fatigue
Cloudiness
Frequent Urination
Euphoria
Trouble concentrating

24-49 hours

What is your goal?

A complete cure may not always be possible. Work with your PCP to make migraine attacks more manageable. (eg. decrease # of headache days, decrease severity of migraine in order to function better, return to work)

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Current medications to treat your migraine

Name of Medication/Treatment: _____

How often are you taking it? (Circle your answer) 1x/week 2-3x/week 4+ times/week

Side Effects Yes / No If Yes, are side effects tolerable? _____

Improvements Yes / No Are you satisfied with this treatment? Yes / No

Name of Medication/Treatment: _____

How often are you taking it? (Circle your answer) 1x/week 2-3x/week 4+ times/week

Side Effects Yes / No If Yes, are side effects tolerable? _____

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Side Effects Yes / No If Yes, are side effects tolerable? _____

Improvements Yes / No Are you satisfied with this treatment? Yes / No

Having some side effects or lack of response to one type of triptan, NSAID, or gepant does not mean you won't have a good response to a different one.

What to Bring:

Check out our HCP Appointment Checklist for a detailed list of everything you'll need:



[Click Here](#)

Have a Virtual Appointment coming up?

Check out our easy guide to prepare for your video or phone telemedicine visit!



[Click Here](#)

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Comprehensive Migraine Care: Treatment Steps and Medication Classes

The following section details the typical migraine treatment journey and includes 4 areas:

1. Lifestyle and Trigger Management
2. Acute Medications
3. Preventive Medications
4. Devices
5. Alternative Treatments

Discuss these options with your PCP to determine which areas best support your goals.

Remember: Combine approaches (medication and lifestyle) for optimal control. Consider exploring other modalities to help treat your migraine (i.e. physiotherapy, occupational therapy, mental health approaches, etc.)

1. Self-Management and Trigger Monitoring:

Begin by identifying and managing triggers. A migraine diary helps to identify patterns in triggers and monitor any changes with new self-management approaches or medications.



[Click Here](#)

A Note on Trigger Stacking:

Triggers can add up, and when they cross your personal threshold, a migraine happens. For example, you might not get a migraine from just stress, wine, or hormone fluctuations—but when they happen together, you might. Track your symptoms to understand your patterns better!

Self-Management changes can help with your migraine! Work with your PCP to set goals that make a difference. Try these ideas and pick what works for you:



Sleep

Aim for 6-8 hours/night

Movement

30 minutes/day. Adapt when needed

Eat

Don't skip meals, increase protein and fibre

Diary

Track attacks, symptoms and medication

Stress

Self-care: resting, mindfulness, meditation

Smoking

Quit, or cut back

Alcohol

Reduce your intake

Cannabis

Ensure your cannabis use is monitored by your PCP



Check out our self-management resources and choose what best works for you!



[Click Here](#)

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2. Acute Medications: These are used at the onset of a migraine attack to relieve symptoms.

It's important to keep track of how many days you use acute medicine for headaches. Write it in a diary and talk to your doctor. Use simple pain meds (like Tylenol, Advil, Naproxen) for less than 15 days a month, and stronger medications (like triptans) for less than 10 days a month.

- **Mild Attack Strategy:**

- Over the counter (OTC) acetaminophen, ibuprofen, or NSAIDS

- **Moderate to Severe Attack Strategy:**

Opioids should NEVER be a first line/primary care option due to high risk of addiction and worsening of migraine frequency.

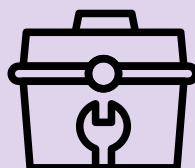


| Class of Medication | Names of Medication | Important Notes |
|---|---|---|
| NSAIDs | <ul style="list-style-type: none"> • ASA (Aspirin) • Celecoxib (Celebrex) • Diclofenac potassium (powder-Cambia, tablet-Voltaren rapide) • Ibuprofen • Naproxen | NSAIDs are not specific to migraine, but they do work to alleviate central sensitization and reduce symptoms. NSAIDs should not be used more than 15 days in a month due to rebound or medication overuse risk. |
| Triptans | <ul style="list-style-type: none"> • Almotriptan (Axert) • Eletriptan (Relpax) • Frovatriptan (Frova) • Naratriptan (Amerge) • Rizatriptan (Maxalt) • Sumatriptan (Imitrex) • Zolmitriptan (Zomig) Combination: <ul style="list-style-type: none"> • Sumatriptan+Naproxen (Suvexx) | Triptans are migraine specific acute medications. Triptans should not be used more than 10 days in a month due to the risk of rebound or medication overuse developing. |
| Gepants | <ul style="list-style-type: none"> • Rimegepant (Nurtec) • Ubrogepant (Ubrovelvy) | Gepants are migraine specific acute medications. |
| Ergots | <ul style="list-style-type: none"> • Dihydroergotamine (DHE) | *These are not frequently used outside of specialist settings. |
| If nausea/vomiting is significant : Metoclopramide | | |

Migraine Toolkit:

Many people find it helpful to have a personalized toolkit to manage their migraine. Here are some ideas:

- A cold pack or cooling headband
- Over-the-counter or prescribed medications
- A pair of sunglasses for light sensitivity
- Earplugs or noise-canceling headphones
- Relaxation aids like lavender oil or a stress ball
- A water bottle to stay hydrated



Have your kit on hand and customize it with what works best for you!

A note on rebound and medication overuse risk:



Using acute headache medications too often can lead to more headaches. To prevent this:

- Do not exceed the recommended number of days per month for using medications (see above).
- A second dose of the same medication within 24 hours still counts as a single day of use.

When to expect a referral to a neurologist or headache specialist

If any of the following conditions apply:

- The migraine has not responded to at least two standard oral medications.
- The migraine has a significant impact on the individual's quality of life.
- There are concerns about the diagnosis (see red flags list on page 1 and consider brain imaging).



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3. Preventive Medications: To reduce the frequency and severity of migraine symptoms, and improve quality of life.

Per the 2024 Canadian Headache Guidelines, consider preventives when:

1. You have 4 or more migraine attacks in a month that don't respond well to acute treatment
2. You require acute medication on 8 or more days per month
3. If there is significant impact to your daily life (regardless of the number of attack days)

| | Episodic Migraine (≤14 headache days per month) | Chronic Migraine (≥8 migraine days per month and ≥15 headache days). |
|--|---|---|
| Nutraceutical options include: | <ul style="list-style-type: none"> • Butterbur (Petadolex) • Co-enzyme Q10 • Magnesium citrate • Riboflavin | <ul style="list-style-type: none"> • Butterbur (Petadolex) • Co-enzyme Q10 • Magnesium citrate • Riboflavin <div>Δ</div> |
| Anti-hypertensives strategy: †* | <ul style="list-style-type: none"> • Candesartan (Atacand) | <ul style="list-style-type: none"> • Candesartan (Atacand) <div>Δ</div> |
| Tricyclic Anti-depressant (TCA) strategy: | <ul style="list-style-type: none"> • Amitriptyline (Elavil) • Nortriptyline (Aventyl) | <ul style="list-style-type: none"> • Amitriptyline (Elavil) • Nortriptyline (Aventyl) <div>Δ</div> |
| Beta-blocker strategy: | <ul style="list-style-type: none"> • Nadolol (Corgard) • Metoprolol (Lopressor) • Propranolol (Inderal) | <ul style="list-style-type: none"> • Nadolol (Corgard) • Metoprolol (Lopressor) • Propranolol (Inderal) |
| Anti-epileptic drugs (AED) strategy: * | <ul style="list-style-type: none"> • Topiramate (Topamax) | <ul style="list-style-type: none"> • Topiramate (Topamax) |
| <div> <div>↓</div> Usually have to fail 2-3 oral preventives before insurance will cover or pay out-of-pocket <div>↓</div> </div> | | |
| Toxin strategy: | | <ul style="list-style-type: none"> • OnabotulinumtoxinA (Botox) |
| Anti-CGRP strategy (mAbs, gepants) † | <ul style="list-style-type: none"> • Atogepant (Qulipta) • Erenumab (Aimovig) • Eptinezumab (Vyepiti) • Fremanezumab (Ajovy) • Galcanezumab (Emgality) | <ul style="list-style-type: none"> • Atogepant (Qulipta) • Erenumab (Aimovig) • Eptinezumab (Vyepiti) • Fremanezumab (Ajovy) • Galcanezumab (Emgality) |

Pregnancy: What to Do? New CHS guidelines suggest avoiding migraine drug prophylaxis during pregnancy and lactation if possible. However, this is an individual decision, and many experts still recommend or continue treatments during this period. Propranolol is considered the safest option, with alternatives including amitriptyline and onabotulinumtoxinA.

Consult your HCP to discuss the best approach and consider a referral to a headache specialist for guidance.

† Caution for those planning on pregnancy in the next 6 months or are breastfeeding.

* Weak treatment recommendation, but may still be useful in individuals contraindicated to other options who still need to satisfy insurance criteria to get to toxin or CGRP antibodies

Δ The 2024/2012 CHS guidelines did not recommend these preventives for chronic migraine, but lack of evidence is not evidence against their use. Expert opinion suggests they may be helpful. Clinicians should use their professional judgment and consider each patient's unique circumstances.

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4. Neuromodulation Devices:

Devices offer a non-pharmacological treatment option for individuals living with migraine, particularly for those who cannot tolerate or do not respond well to medication. These neuromodulation devices work by stimulating specific nerves or brain pathways—such as the trigeminal or vagus nerve—to disrupt migraine-related pain signaling. Exploring how each device functions can help tailor treatment based on migraine type, frequency, and individual response, contributing to more personalized and effective care.

The following devices are available in Canada:

| Device Type | Product | How it works |
|--|--------------------------|--|
| Transcutaneous Supraorbital Neurostimulator | Cefaly | Neurostimulation on the trigeminal nerves in the forehead and temples to send signals to the brain to help reduce migraine pain and frequency. |
| Non-Invasive Vagus Nerve Stimulator | Gammacore | A hand-held device used to stimulate the vagus nerve in the neck. Used for both acute and preventive treatment. |
| Transcutaneous electrical nerve stimulation (TENS) | Dr. Ho NOW ®, Digitens ® | The use of electric current of pulses produced by portable stimulators to treat pain. |

5. Exploring Alternative Treatment Options

There are many different treatment options that can help reduce migraine symptoms. It's important to talk with your PCP before trying anything new, as not every treatment is safe or suitable for everyone—especially if you have other health conditions.

Some alternative and complementary treatments include:

- Occupational therapy
- Acupressure and acupuncture
- Cognitive behavioural therapy (CBT)
- Mindfulness and relaxation techniques
- Biofeedback



Take time to learn about your options and consider what might work best for you. Your PCP can help guide you in making safe and informed choices.

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Building a Treatment Plan

A personalized treatment plan with clear goals is essential for managing migraine, as it helps track progress, guide therapy decisions, and improve both symptom control and overall quality of life. We recommend you:

- Write down what you are doing now and what you plan to try.
- Include how to use each treatment and how long to use it.
- Think about other health problems you have and if these treatments will help.
- Keep a diary to track how often you get headaches and their severity.

Remember, there's no one-size-fits-all migraine treatment. What works for someone else may not work for you. Stay positive and keep trying. Together with your healthcare team, you can explore the many treatment options available and find what works best for managing your migraine.

My Treatment Plan

Date: _____

Self-Management:

Acute Treatments:

Preventive Treatments:

Alternative Treatments:

After Your Appointment

You should now have a plan! Ensure you book your follow-up appointment.

Keep a headache diary to monitor the impact of your treatment plan in reducing the frequency and severity of your migraine.

Additional discussion questions

Review these sample questions before the appointment to plan what you want to discuss with your primary care provider (PCP):

- How is my mental health? Should I consider support (i.e. therapy?)
- What is my support system for when I have a migraine and need care? Consider family/friends/professionals.
- Am I taking anything else to manage my pain? Alcohol, cannabis, other drugs? Do I want to monitor/cut down on these?
- Do I need a plan for rescue medications when my acute medication does not work? When do I go to the hospital?
- What treatments are accessible and covered in my province?
- Do benefits cover my treatment, or do I need to pay out of pocket?
- How long do I trial a medication, and what is the next step if the medication fails?
- When do we schedule my next appointment (3 weeks if trying a new treatment is recommended)
- When do we consider a referral to a neurologist/headache specialist (recommended for combination therapy or if migraine is chronic/refractory)

Need more resources?

Migraine Canada provides information, resources, and support for people living with migraine. Visit our website to learn more and access our resources, including:

- monthly webinars,
- virtual support groups
- additional information on triggers, symptoms, and treatment approaches
- and more!

**I was Recently
Diagnosed with Migraine**



[Click Here](#)

**I am Severely
Impacted by Migraine**



[Click Here](#)

DISCLAIMER: The recommendations provided in this handout reflect expert opinion and are intended to offer general guidance. They are not comprehensive and these suggestions are not intended to serve as specific medical recommendations for individual cases. Refer to product monographs for definitive information on prescription and contraindications for each medication discussed. The information presented here does not replace or supersede the need for individualized medical evaluation and consultation.