

## Try until you find relief

“Over the last few years, my migraine attacks have become 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

Per the 2024 Canadian Headache Guidelines, consider preventives when:

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

## PREVENTIVE MEDICATIONS: MANY DRUG CLASSES ARE AVAILABLE

Class of meds	How they work	Examples of Medications (there are more)
<b>ANTI-DEPRESSION</b>	Modulate pain systems in the brain (pain and emotions are linked)	Amitriptyline (Elavil) Nortriptyline (Aventyl) Venlafaxine (Effexor)
<b>ANTI-HIGH BLOOD PRESSURE</b>	Unclear but not necessarily related to a decrease in blood pressure	Propranolol (Inderal) Nadolol (Corgard) Candesartan (Atacand)
<b>ANTI-SEIZURE</b>	Stabilize neurons and increase brain threshold for attacks	Topiramate (Topamax) Gabapentin (Neurontin) Valproate (Epival)
<b>CGRP ANTIBODIES</b>	Block CGRP, a protein that plays a role in migraine attacks	Erenumab (Aimovig) Fremanezumab (Ajovy) Galcanezumab (Emgality) Eptinezumab (Vyepti)
<b>GEPANTS</b>	Block CGRP receptor	Atogepant (Qulipta) approved in Canada 2023 Rimegepant (Nurtec) expected in Canada 2024
<b>BOTOX</b>	Calm sensory nerves, decrease pain input from skin	OnabotulinumtoxinA (Botox) ** Indicated for Chronic Migraine

# Principles to optimize success

## Become your own expert

Principle	Why	How
<b>Use a headache diary</b>	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.
<b>Aim for a dose that works</b>	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.
<b>Keep it long enough</b>	Medications may take a while to have an effect. Migraine tends to fluctuate.	A good trial for a preventive is usually 3-4 months, sometimes longer.
<b>Observe different benefits</b>	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
<b>Keep Trying</b>	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. It is still a trial-and-error approach.
- 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 drug. Your story might prove entirely different.

#### 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 maybe 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 they see 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.