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Treatments for migraine

***Information for
patients and carers***

**Department of Neurology
Aberdeen Royal Infirmary**

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About this leaflet

This leaflet explains about some of the treatments used for migraine.

The leaflet is split into two sections:

- The first section is about medicines that **help prevent** migraines from happening (abortive medication).
- The second section is about medicines that can be used to **help stop** a migraine once it has started (preventer medication).

Abortive medication for migraine

What is abortive medication for migraine?

Abortive medication is taken as soon as the headache starts to help put the headache away. Generally the sooner it is taken after the headache starts, the more chance it has to work and work quickly.

However, please be aware that overusing medication can lead to a headache caused by the medication, a **medication overuse headache (MOH)**.

A safe limit is to use abortive medication on a maximum of **2 days a week**. Triptans and tablets containing codeine (such as Syndol[®], Solpadeine[®] and Migralève[®]) are the most likely to cause MOH.

Abortive medication is split into three groups. These are

- Painkillers
- Anti-sickness medication
- Triptans (which are migraine specific tablets)

Many people get a variety of different severity of migraine headaches. You may find simple painkillers will work for your less severe migraine headaches but that you need a triptan for your more severe headaches.

Painkillers

The doses recommended below are quite high because during a migraine headache, your bowel does not absorb medication as well. Therefore, you need a higher dose to get enough medication into your circulation to get to the brain.

- Aspirin 900mg (3 tablets)
- Paracetamol 1.5g (3 tablets)
- Ibuprofen 400 to 800mg
- Naproxen 500mg (may be combined with a triptan)
- Diclofenac suppository 100mg (useful if vomiting)

Antisickness medication

- Domperidone 10mg every 8 hours
- Domperidone suppository 30mg twice a day
- Metoclopramide 10mg every 8 hours

Triptans

Triptans are not painkillers and only work for migraine headache and some are used in cluster headache. They work inside the brain to switch off the brain signals that result in the headache and other symptoms of migraine.

There are seven triptans. Nine out of 10 people with migraine can find them helpful. The response to them can vary from person to person so until you have tried all seven, you can't say that they don't work for you.

You should try treating three headaches with a triptan to see if you respond. A good response is for the triptan to work for two out of three headaches.

The seven triptans are:

- Almotriptan
- Eletriptan
- Rizatriptan
- Sumatriptan
- Zolmitriptan
- Frovatriptan
- Naratriptan.

Frovatriptan and naratriptan are weaker, longer acting and have fewer side effects. They are helpful in certain situations and in some people are as effective as the stronger triptans.

All the triptan tablets including the wafers (which dissolve on your tongue) are absorbed in the bowel.

Zolmitriptan and sumatriptan are available as nasal sprays and are partially absorbed through the nose. This can sometimes be helpful if you have nausea and vomiting.

Sumatriptan comes as an injection that you can give yourself.

Dosing

Take the triptan at the start of the headache.

It won't work if taken too early (for example during aura) and is less likely to work if taken too late.

If the first dose helps, you can repeat it in 2 hours.

If it doesn't help, don't take another dose and use other treatment (such as a diclofenac suppository).

Side effects of triptans

These are very safe medicines and millions of doses have been taken over the years. Most side effects are mild and settle quickly. Side effects include:

- Sensations of tingling, heat, heaviness, pressure or tightness of any part of the body
- Dizziness
- Flushing
- Tiredness, weakness and fatigue
- Nausea and vomiting

Do not take triptans if:

- You have heart disease and angina or have had a stroke
- You have very high blood pressure that is not controlled

Pregnancy: Recent evidence suggests that sumatriptan is likely to be relatively safe in pregnancy. You can discuss its use with your doctor.

Migraine preventer medication

What are migraine preventer medicines?

Migraine preventers are taken **every day** to help reduce the number of migraine headaches. These medications are used if you get frequent migraine or migraine that causes disability and has an impact on your life.

There is no “magic” number of days a month someone gets migraine for when these medications should be used. However most experts suggest they should be considered if you get more than 5 days of migraine headache a month.

Each medication usually works in 5 out of 10 people that they are given to, so sometimes more than one medication needs to be tried to find the one that works best.

These medicines will not stop all migraine headaches but can reduce the number of headaches by half. Very often these medications are used together for better effect.

Do preventers have any side effects?

Like all medications, preventers can cause side effects, however most people tolerate these medicines well.

When side effects are listed as **common** between **1 in 10 and 1 in 100** patients may get them.

When listed as **uncommon** between **1 in 100 and 1 in 1000** patients may get them.

Side effects are reduced by starting at a low dose, that is then built up over weeks. Therefore some of these medications may take a few weeks to start to work.

Many people who find that these treatments do not work for them have often not taken them for long enough or at high enough doses and so haven't given the medication the best chance to work.

The dose should be increased gradually to the minimum effective, maximum tolerated dose.

How long do I need to take it for?

Preventer medication is usually taken for 6 to 12 months and then reduced gradually. Some people will need to use these medications longer if they still get disabling migraine when the treatment is stopped.

What medicines are used as preventers?

There are many different classes of medicines used as preventer treatments. The medication your doctor chooses is influenced by your lifestyle, other medical conditions you may have and other medications you may take such as contraceptives.

For example, propranolol can't be used if you have asthma. Also, in women, the choice may depend on your plans for having a family.

The medicines used as preventers are described in more detail on the following pages. They fall into the groups listed below:

- Blood pressure medication
- Antidepressants
- Antiepileptic medication
- Antihistamine medication.

Scottish Headache guidelines published in 2018 would recommend first choice therapy is propranolol then topiramate, second choice therapy a tricyclic or candesartan.

Blood pressure (also known as antihypertensive) medication

Medication used to treat high blood pressure can also be used as migraine preventers. The type of medications that can be used include beta-blockers, candesartan and the ACE inhibitor, lisinopril. We will now describe these in more detail.

Beta-blockers

The most common beta-blocker used is propranolol. Sometimes, atenolol and metoprolol are used. Most people get on fine with these medications and propranolol is safe to use in doses up to 40mg in pregnancy. However, they can sometimes make asthma worse so are used with caution in people with asthma.

Possible side effects of beta-blockers

Common

- Gastrointestinal upset (such as constipation, diarrhoea, nausea, abdominal pain)
- Cold hands and feet
- Fatigue
- Headache
- Disturbed sleep
- Low blood pressure
- Impotence

Less common

- Rashes
- Dry eyes

Dosing schedule

Weeks 1 to 2: 20mg twice a day

Weeks 3 to 4: 40mg twice a day

Dose can go up to 240mg daily if needed and tolerated.

ARB class (Angiotension II Receptor Blockers)

Candesartan (dose 4 to 16mg)

Candesartan is now being used more frequently in the UK for prevention of migraine and is commonly used in Scandinavia. If you are going to take candesartan, you may need to have blood tests before and after starting it to make sure that your kidneys are working properly.

Possible side effects of candesartan

Common

- Cough
- Dizziness
- Headache

Dosing schedule

Weeks 1 to 2: 2mg daily

Weeks 3 to 4: 4mg daily

Weeks 5 to 6: 8mg daily

Weeks 7 to 8: 16mg **daily**

ACE inhibitor: lisinopril

Lisinopril has some evidence in preventing migraine. It is a safe drug that can be useful for some people. If you are going to take lisinopril, you may need to have blood tests before and after starting it to make sure your kidneys are working properly.

Possible side effects of lisinopril

Common

- Dry cough
- Gastrointestinal upset
- Rash

Less common

- Fast heart rate
- Confusion
- Mood changes

Dosing schedule

Weeks 1 to 2: 2.5mg once a day

Weeks 3 to 4: 5mg once a day

Weeks 5 to 6: 7.5mg once a day

Weeks 7 to 8: 10mg once a day

Maximum dose is 20mg once a day.

Other ACE inhibitors may have similar effects

Antidepressants

Some medications used to treat depression can also be used as migraine preventers. These fall into two groups; the tricyclics and the SNRI duloxetine.

Tricyclics

Tricyclics are a group of medicines that were originally developed as antidepressants and are now rarely used for this purpose (the leaflet with the tablets will state that it is an antidepressant). It has been found that for certain types of pain (including headache), tricyclics have pain-killing effects. To work as an antidepressant they need to be taken in high doses.

The main tricyclics used for migraine prevention are amitriptyline, nortriptyline and dosulepin. Amitriptyline is usually first choice and can help sleep if that is a problem. If it is not tolerated nortriptyline may be better tolerated.

Take tricyclic medication at night before you go to bed. This is because it may help you to sleep better and may also reduce potential daytime side effects.

Most people who take these medications get on fine with them and don't have any significant side effects. Tricyclics are also safe to use during pregnancy in a dose up to 50mg.

Possible side effects of tricyclics

Common

- Feeling a bit dopey and drowsy first thing in the morning
- Dry mouth (this usually happens when you start the medicine and when the dose is increased. For most people this wears off after a few days)

Uncommon

- Slight dizziness or light-headedness
- Sweating

Recommendations

In case tricyclics cause drowsiness in the first few days, plan to start it the night before a planned quiet day (for example at the weekend).

The effect of alcohol becomes more unpredictable while taking amitriptyline. If possible, avoid alcohol when you start the medication.

If you do have a drink, be careful and drink in moderation. What alcohol you could tolerate in the past may not be the same.

Do not drive if tricyclics cause significant sedation (drowsiness).

Dosing schedule

Start on 10mg at night and increase dose by 10mg every week. Usual dose is 30 to 50mg but some people need 100mg.

SNRI antidepressants (Serotonin noradrenaline re-uptake inhibitors)

Duloxetine

This medicine is licensed for depression, generalised anxiety disorder, diabetic nerve pain and stress incontinence. It can help some patients with headache. The dose is from 30 mg to 120mg daily. The doctor will advise what dose to take.

Possible side effects of duloxetine

Common

- Abdominal pain and gastric upset
- Dizziness
- Drowsiness
- Headache;
- Palpitation
- Sweating

Uncommon

- Muscle pain
- Fast heart rate
- Vertigo

Dosing schedule

Weeks 1 to 2: 30mg daily

Weeks 3 to 4: 30mg twice a day

If required can be increased to 90 or 120mg daily

Antiepileptic medication

It is thought that the migraine brain is like the epileptic brain and is more sensitive to the environment we live in. Antiepileptic medications change the chemical signals in the brain to make it less sensitive to the environment. This should mean that your “triggers” would need to become stronger to bring on a migraine.

The antiepileptic medications topiramate and sodium valproate can also help migraine. We will now describe these in more detail.

Topiramate

People vary widely in how they respond to taking topiramate. You may get a fantastic response to it and most of your headache goes away. However, some people will find that it has to be stopped due to side effects. Like most medicines, the side effects depend on the dose.

To reduce the chance of these side effects, the dose is built up over 4 to 8 weeks. The usual treatment dose is 50mg twice a day though some people find the lower dose of 25mg twice a day is effective. You start with one 25mg tablet at bedtime and increase the dose by 25mg every 1 to 2 weeks.

Topiramate is best taken as a twice a day dose. The table below shows how to take the tablets.

	Breakfast dose	Bedtime dose
Week 1 or 2		25mg
Week 2 or 4	25mg	25mg
Week 3 or 6	25mg	50mg
Week 4 or 8	50mg	50mg

Please note the tablets or capsules have 2 strengths, a 25mg and a 50mg dose. Your GP will advise you which strength you have been given.

Possible side effects of topiramate

Common

- Pins and needles (this can affect up to half of all people taking this medication)
- Nausea and a feeling of being off your food
- Tiredness and sleepiness
- Minor weight loss

Less common

- Slowed up thinking and poor memory
- Altered mood, depression and anxiety
- Significant weight loss
- Visual disturbances (usually in the first month of treatment)

Most side effects will settle with time. In the clinical trials for the medication more than 80% of people (more than 8 in every 10) were able to take it. Sometimes your GP will have to reduce the dose you are taking and increase it more slowly to give your body a chance to adapt to the medicine.

Important points about taking topiramate

Please make sure that you drink plenty of fluids as the tablets can slightly increase the chance of getting kidney stones.

Do not stop the tablets suddenly as this will probably cause worsening migraine.

Contact your GP immediately if you have:

- Mood changes such as depression or suicidal thoughts
- Eye symptoms such as sudden blurring of vision, pain or redness
- Excessive weight loss
- Kidney problems or kidney stones which might be suggested by blood in your urine or severe abdominal or back pain

Contraception

Women of child bearing age **must** have effective contraception. Because topiramate can harm the unborn baby, sexually active women of reproductive age who are taking topiramate must always be advised to use highly effective contraception.

Topiramate can affect the pill. Effective contraception would include intrauterine devices such as coils. You can discuss this with your GP.

Sodium valproate (usual dose 200 to 1000mg, twice a day)

This medication is normally not given to women of child bearing age as it is not safe in pregnancy due to the high risk of foetal abnormalities (12% or about 1 in every 8 pregnancies) and child development delay (40% or 4 in every 10).

In some women it may still be the right treatment, but you need to understand and agree to the risks and take part in a pregnancy prevention programme. This would be discussed with your specialist.

It is usually well tolerated. If you have liver problems or a bleeding disorder, you should not take this medicine.

Possible side effects of sodium valproate

Common

- Diarrhoea
- Nausea
- Weight gain
- Temporary hair loss

Less common

- Increased alertness
- Tremor

Dosing schedule

Weeks 1 to 2: 200mg twice a day

Weeks 3 to 4: 400mg twice a day

Weeks 5 to 6: 600mg twice a day

Can be increased to 1000mg twice a day if required.

Pregabalin

This is a medicine used for nerve pain and anxiety but it may also help migraine. It can cause sedation so the dose is built up over a few weeks.

Possible side effects of pregabalin.

Common

- Gastrointestinal upset
- Weight gain
- Sedation (drowsiness)
- Dizziness
- Impaired memory

Rare

- Palpitations
- Muscle pain
- Impaired thinking
- Agitation

Dosing schedule

- Week 1: 25mg twice a day
- Week 2: 50mg twice a day
- Week 3: 75mg twice a day

The dose can be increased depending on your response up to a maximum of 600mg daily in two divided doses. The dose can be split with a larger evening dose if day time sedation is a problem.

Antihistamine medication

Pizotifen (dose 0.5mg to 6.0mg)

This is commonly used in teenagers and children but can be helpful in adults. Larger doses are needed in adults and this can sometimes cause weight gain and night time sedation.

Possible side effects of pizotifen

Common

- Sedation (drowsiness)
- Weight gain
- Dry mouth

Dosing schedule

Weeks 1 to 2 : 1mg at night

Weeks 3 to 4: 2 mg at night

Weeks 5 to 6: 3mg at night

Dose can go up to 6mg.

Calcium channel antagonist

Flunarizine is used to prevent headaches from occurring. It belongs to a group of medicines called “calcium channel antagonists”.

Flunarizine has been proven to be effective for migraine and certain other headache types. It is particularly helpful if you also have vertigo or have motor weakness with your headaches.

Flunarizine slowly builds up in your system so it can take weeks for an effect to be seen. As the medication can cause sleepiness it is taken in the evening.

Starting dose is 5mg for 4 weeks. **If the response is satisfactory continue with 5mg. If there is a partial or no effect increase to 10mg**

As flunarizine is not licensed for use in the UK, you can only get supplies from the pharmacy in Aberdeen Royal Infirmary. It is prescribed by the specialists at the Headache Clinic.

If flunarizine is not effective by 3 months it's unlikely to be helpful for you.

Side effects:

As with all medications there are potential side effects in a small number of people. The most often reported side effects are:

- Drowsiness
- Weight gain
- Nausea
- Heartburn
- Parkinsonian symptoms (such as tremor, slow movements and stiffness).

A small number of people can get anxiety and depression. If you already have anxiety or depression flunarizine may not be suitable.

As flunarizine stays in your body for a long time, it usually takes a few weeks for the side effects to settle. If necessary flunarizine can be stopped and the side effects will gradually resolve.

Pregnancy and breast feeding:

Flunarizine is not recommended if you are pregnant, planning a pregnancy, or are breastfeeding. Women of childbearing age should take adequate contraceptive precautions.

Flunarizine should be stopped for at least 3 months before planning a pregnancy.

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