Rx migraine

successful Rx ← pain free after 2h
← no recurrence + no further drug intake i 24hour

1. Analgesia

1st choice for mild - mod.

Paracetamol 1g
Aspirin 1g
Brufen 200 - 800g
Naproxen 500 - 1000mg
Diclofenac 50 - 100mg
Fixed combo of aspirin + paracetamol + caffeine more effective ⇓ single substances
or combo's without caffeine

2. Antiemetics

: n. + improves absorption of analgesic

Metoclopramide 20mg po.

3 Ergot Alkaloids

(Triptans better efficacy
but adv ↓ recurrence rate : restricted for pts i very long migraine attacks or regular recurrences

disadv : can induce drug overuse headache
: limit to 10d/month

Ergotamine tartrate + Dihydroergotamine 2mg

4. Triptans

5HT1 agonists

effective at any time during attack, but better efficacy earlier taken
max 9/7 / month use (> = drug overuse headache)
Sumatriptan - oral, suppository, nasal spray, s/c.
Zolmitriptan 50 - 100mg

Migraine Prophylaxis

- QOL, freq attacks >2/month, migraine don't respond to acute drug Rx, freq + very long / uncomfortable auras
= success ful if freq ↓ 50% in 3month
= NB to keep migraine diary for Therapy evaluation

1st choice
Betablockers — Propanolol 40 - 240mg
CCB — Flunarizine 5 - 10mg
AED — Valproic acid 500 - 1800mg

2nd choice
Antidepressants : - Amitryptiline 10 - 150mg
- Fluoxetine 10 - 40mg

Emergency Situations

severe migraine attack in ED, med oral meds with no success
- IV Aspirin 1000mg + metoclopramide
- Sumatriptan 6mg s/c.

Tension - Type Headache

- bilateral, pressing tightening pain of mild - mod intensity
- not assoc c̄ v/photophobia/phonophobia

Dx: based typical Hx + (N) neuro examination
⇒ headache diary at least 4/52 to make correct Dx to discriminate bet mild migraine

1. Acute Drug Rx

1. mild to mod ∴ simple analgesic : Paracetamol 1g, aspirin L, NSAIDS (Brufen 400mg)
but efficacy of simple analgesic tend to ↓ as freq of headache ↑

Naproxen, Diclofen + (more effective)
simple analgesics drugs of 1ST choice and combo of 1 of these drugs
c̄ caffeine are drugs of 2nd choice (due to risk of inducing MOH)

Avoid Triptans + opiods

2. Prophylactic Drug Rx

: chronic TTH or very freq episodics

1. Amitryptiline (1ST choice) 10 - 25mg tds
(start low + titrate by 10 - 25mg weekly until good Tx effect or SIE are encountered (dry mouth, drowsy, dizzy wt gain, constipation)
2. Mirtazapine
3. Venlafaxine } 2nd choice

Non-pharmacological Rx

1. ID triggers + manage — stress, irregular meals, ↑/withdrawal coffee, dehydration, ↑/↓ sleep, ↑/↓ exercise

2. Psycho-behav. Rx
- EMG feedback (help to recog + control muscle tension by prov. continuous fbac feedback about muscle activity)
- cognitive behav. Tx
- relaxation training
- acupuncture + nerve blocks

Cluster Headache

Rx ÷ < acute Tx aimed @ aborting indiv attacks
< prophylactic Tx

Acute Tx

1. inhalation 100% O_2 via non-reb reather @ at least 7L/min
   - sitting, upright position.

   60% respond with significant pain ↓ in 30min

2. Triptans
   - sumatriptan 6mg SIC – ↓ 75% of cluster headaches
     2mg nasal
   - zolmitriptan < nasal
     < oral

3. Ergotamines – oral, aerosol spray
4. Lidocaine intranasally

Preventative Drug Tx

NB. many pt's have bet 1-8 short lived attacks/day ∴ repeated attempts @ abortive Tx ⇒ overmedication / toxicity

∴ need to suppress attacks + maintain remission.

1. 1ST choice
1. Verapamil 240 – 960 mg (daily dose)
   - monitor ECG's : ↑ PR intervals + negative inotropic effects
   - start low, ↑ by 80mg every 14/7

2. corticosteroids (but no adequate RCT's) but clinically well known efficacy

   100mg prednisone given po (or 50mg IV Id) over 5/7 then taper down.

   very effective initial phrophylatic options to rapidly suppress attacks during time required for longer-acting agents to take effects

3 2nd choice if verapamil C/I

- Lithium 600-1500mg daily – monitor plasmalevels, LFT, CREE, TFT's
- methysergide (serotonin antagonist) 4-8 mg daily up to 12mg

Intervention + Ø Rx

- greater occipital n blockade (↓ CH in 2/3)
- suboccipital injxn long-acting steroids

→ only consider if all drug Rx ineffective + 2° CH excluded

L Osadul caution : can induce trigeminal neuralgia