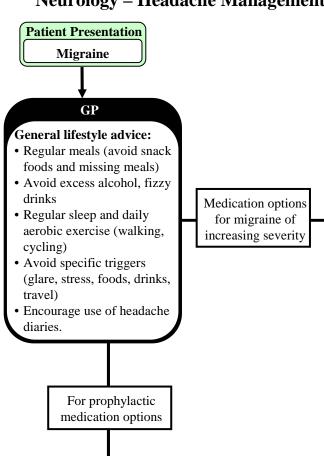
Neurology – Headache Management – (Adults) Patient Pathway July 2005





Escalating drug management for acute migraine

- 1. Simple analgesics -
- Paracetamol 1000mgs or
- Aspirin 600-900mgs or
- ullet Ibuprofen 400-800mgs ullet r
- Diclofenac 100mg suppository
 +/- antinauseants e.g. Domperidone 20mgs
- 2. Oral Triptan should be taken after headache startsnot during aura.

	Mild	Intermediate	Potent
Medication	Naratriptan	Almotriptan	Eletriptan
	Frovatriptan	Sumatriptan	Rizatriptan
		Zolmitriptan	
Side effects	None/Mild	Mild/Moderate	Moderate
Efficacy	+/-	+	++

N.B. No more than 2 doses in 24 hours.

Start with a medium strength triptan, change depending on response and side effects.

- 3. Nasal Triptan (Sumatriptan or Zolmitriptan) or Subcutaneous Sumatriptan
- 4. Consider intramuscular Diclofenac (75mgs) +/- IM Metaclopramide

Emergency treatment for severe migraine:

- Diclofenac (100mg) suppository or 75mgs IM or
- Subcutaneous Sumatriptan 6mgs (if no triptan already taken)
- Metaclopramide IM

N.B. OPIATES SHOULD BE AVOIDED

GP

Prophylaxis –

- Consider if 3 or more attacks per month or where attacks are very severe.
- Treat for at least 3 months
- If anticonvulsant prophylaxis given to women of child-bearing age, they should be counselled regarding side effects and associated risks in pregnancy

Medication Options:

Beta-blockers (Atenolol, Propranolol, Metoprolol)
Pizotifen (Single bed-time dose)
Sodium Valporate (400 – 1500mgs/day)
Topiramate (25mgs – 200mgs/day)
Amitriptyline (10 – 100mgs nocte – especially useful if also suffering from tension type headache)

Also consider:

High dose Riboflavin 400mgs/day Feverfew Butterbur Try 3 different strategies in succession – refer if unsatisfactory response

Neurology / Medical Clinic Refer for specialist advice

