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How Do I Choose Acute Treatment Medication Options for Migraine Patients?

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Step 1: Conduct History of Present Illness

What is their headache frequency?

- Do they have both moderate and severe headaches? (If so, document frequency of each independently)
- Consider the characteristics associated with their headaches
- Are their headaches rapid or gradual in onset?
- Can they tolerate oral meds during headache?

What do they currently take?

- Do they get complete relief?
- How often do they take it?

What have they tried in the past that has or has not worked?

Step 2: Think About Comorbidities and Contraindications

Determine any co-morbid conditions or concurrent medications that may be a contraindication to an acute migraine med.

- Patients with a history of stomach ulcer may not be a good candidate for oral NSAID
- Patients with a history of cardiovascular disease or uncontrolled hypertension may not be a good candidate for triptan
- Pregnancy/lactation status could impact safe or approved use of a medication

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Step 3: Understand Available Acute Options

Triptans

- Fast acting PO: sumatriptan, rizatriptan, eletriptan, almotriptan, zolmitriptan
- Slow acting PO: naratriptan, frovatriptan
- Non-PO: sumatriptan NS, zolmitriptan NS, sumatriptan SQ

NSAIDs

- Faster onset: Cambia PO (diclofenac powder), Toradol IM (ketorolac), Sprix NS (ketorolac NS)
- Slower onset: naproxen, ibuprofen, diclofenac, indomethacin

Acute CGRP mabs

- Ubrelvy (ubrogepant)
- Nurtec (rimegepant)

Ditans

- Reyvow (lasmiditan)

Anti-emetics

- Metoclopramide
- Prochlorperazine
- Promethazine
- Ondansetron

Key
PO: Oral Administration
NS: Nasal Spray
SQ: Subcutaneous Injection

Step 4: Make an Action Plan

If patient exclusively experiences severe headaches, and <8 days/month, they may only require triptan/ CGRP mab/ditan

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If patient with > 8 days/month, or a mix of moderate and severe, consider combination of triptans/CGRP mab/ditan for more severe and NSAIDs for moderate

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If patient has significant nausea as symptom, add on anti-emetic

Step 5: Clarify Medication Limits

Medication limits exist for both safety and to prevent medication overuse headache.

Suggested Limits

- Triptans - 1 tab PRN, may repeat in 2 hours, limit 8 days/ month
- NSAIDS
  - Ibuprofen - 1 tab PRN, may repeat in 8 hours, limit 12 days/month
  - Naproxen - 1 tab PRN, may repeat in 12 hours, limit 15 days/montH
  - Ketorolac IM - 30mg IM PRN, may repeat in 8 hours, limit 4 days/month

Common Side Effects or Cautions

- Triptans - jaw tightness, temporary increase in blood pressure, sedation
- CGRP mabs - medication interactions (see med insert)
- Ditans - sedation, dizziness
- NSAIDs - stomach upset
- Metoclopromide/phenothiazines - tardive dyskinesia, sedation, anxiety

References/Resources:

1. Becker, W. Acute Migraine Treatment in Adults, Headache. 2015;55:778-793
2. Mallick-Searle T, Moriarty M. Unmet needs in the acute treatment of migraine attacks and the emerging role of calcitonin
3. Mayans, L, Walling, A. Acute migraine headache; treatment strategies, Am Fam Physician. 2018 Feb 15,97(4):243-251
4. Munksgaard, S. & Jensen, R. Medication Overuse Headache. Headache Currents, 2014. 1251-1257.
5. Moreno-Ajona et al. Targeting CGRP and 5-HTIF Receptors for the Acute Therapy of Migraine: A Literature Review

For more information on migraine and other headache disorders, visit **AHS' resources hub**. If you are interested in women's health and migraine management, be sure to sign up for our brand new presentation on **A Woman's Migraine Journey**.

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