Migraine Treatment
What you need to know

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Migraine what is it?

Primary neurobiological condition

Waves of reduced brain activity and blood flow sweep over the brain surface

Cortical spreading depression (CSD) corresponds to the spreading aura
Activation of trigeminovascular system

Neuropeptides, mainly **Calcitonin Gene Related Peptide (CGRP)** released from nerve terminals of blood vessels around the brain.
Release of **CGRP** causes these vessels to widen and for inflammation to occur.

Results in the typical, ‘throbbing’ migraine pain.
Migraine is common

A patient that complains of recurring headache has a 94% chance of having migraine

Most of the rest have tension type headache
Migraine Stages of Attack

- Prodrome
- Aura
- Mild Headache
- Moderate to Severe Headache
- Post Headache
Migraine is a disorder of a ‘sensitive’ brain

‘Triggers’ are stimuli to the sensitive migraine brain that provoke an attack

Common trigger stimuli:

Light, Visual patterns;
Smells;
Foods;
Alcohol;
Stress;
Changes in sleep;
Menstrual periods;
weather
Migraine Headaches: General Principles of Care

**Triggers:** identify (if able) and avoid (if possible!)

**Lifestyle modifications:** keep everything in life for eg:

- sleeping
- eating habits,
- caffeine intake
- hydration
- stress;

As balanced as possible!
Acute therapies are used to abort the migraine attack once it has begun.

Preventative therapies are used to prevent the development of attacks.

Treatment of Migraine
Acute & Preventative therapies
**Migraine Specific Agents Triptans:**

**How to use:**

One at the time of migraine;

Then, the rule of 2’s:
- May repeat in 2 hrs;
- Limit to 2 per day;
- 2 days a week
- Do not combine 2 different triptans within 24 hrs
Non specific Migraine Medications

- NSAIDs for eg Naproxen
  - effective, suppresses inflammation,
  - treats other migraine symptoms of neck pain and sinus pressure,
  - less likely to cause MOHs, can be combined with triptans and antinausea meds for severe attacks

- Antinausea/neuroleptics for eg Maxolon, Stemetil, Phenergan.
  - Maxolon decreases gastric stasis, that can impair absorption of medications
# Non specific Migraine medications

<table>
<thead>
<tr>
<th>Opioids</th>
<th>Dependence</th>
<th>Addiction</th>
<th>&lt;20 % sustained efficacy</th>
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<tbody>
<tr>
<td>Corticosteroids</td>
<td>Rescue therapy</td>
<td>Bridge therapy for migraine</td>
<td>Useful MOHs withdrawal</td>
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<td></td>
<td></td>
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<td>Side effects: elevated blood glucose, HT, depression, insomnia</td>
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Opioids for chronic noncancer pain
A position paper of the American Academy of Neurology
Codeine Containing medicines to move to prescription only February 2018
Management

1. Start with eg NSAID +/- anti nausea medication +/- cup of coffee
2. If 1/ fails, use specific medication for eg triptans
3. If above fails, Rescue therapy
Treat Early

Best time to treat your migraine

<table>
<thead>
<tr>
<th>Prodrome</th>
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<th>Mild Headache</th>
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<th>Preventative therapy-when to consider?</th>
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<tr>
<td>1. Acute medications ineffective, or side effects</td>
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<td>2. Frequent attacks (&gt;1/week)</td>
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<td>3. Migraine significantly interferes with daily routine</td>
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<td>4. Treating acute attacks is costly for eg GP/ED visits, expensive acute medications, frequent use diagnostic tests</td>
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Anticonvulsants
- Topamax, Epilim, Lyrica,

Antidepressants
- Endep, Cymbalta

Antihypertensives
- Inderal, Isoptin, Atacand

Other
- Botox, Periactin
Botox for Chronic Migraine

- **Botulinum toxin** Injection Rx for migraine standardized technique;
- **PBS criteria**
- ‘**PREEMPT**’ Injection paradigm’
- Involving 155 IU administered via 31 injections across the head and neck regions
Injection sites
The real world efficacy of BOTOX® for the prophylaxis of headaches in adult patients with chronic migraine in Australian clinical practice: a retrospective chart review


73.9% OF PATIENTS OBTAINED A >=50% REDUCTION IN HEADACHE DAYS PER MONTH FROM BASELINE AFTER 2 BOTOX TREATMENT CYCLES
Device activates a low level of current to stimulate the upper branches of the trigeminal nerve.

Safe, low side effect option, generally well tolerated.

Settings for acute and preventative treatment.

Preventative benefits not as great as Topamax.

Transcutaneous Supraorbital Neurostimulation
Cefaly
Thank You!