

How Do I Choose Acute Treatment Medication Options for Migraine Patients

Laura Xanders, FNP-BC
Maureen Moriarty, DNP, APRN,
FAHS, FAANP



Step 1: Conduct a history of present illness (HPI)



What is their headache frequency?

- What is the frequency of the patient's moderate to severe headaches?
- What associated symptoms do they experience with their headaches?
- Are their headaches rapid or gradual in onset?

What do they currently take?

- Do they get complete relief?
- How often do they take it?
- Can they tolerate oral medication during a headache?

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

Step 2:

Determine any comorbid conditions or concurrent medications that may be a contraindication to an acute migraine medication.



A PATIENT WITH A HISTORY OF STOMACH ULCER MAY NOT BE A GOOD CANDIDATE FOR AN ORAL NSAID



A PATIENT WITH A HISTORY OF CARDIOVASCULAR DISEASE OR UNCONTROLLED HYPERTENSION MAY NOT BE A GOOD CANDIDATE FOR A TRIPTAN



PREGNANCY/LACTATION STATUS COULD IMPACT SAFE OR APPROVED USE OF A MEDICATION

Step 3: Review the available acute medication options.

1. NSAIDs

- Faster onset: diclofenac powder, ketorolac IM, ketorolac NS
- Slower onset: naproxen, ibuprofen, diclofenac, indomethacin

2. Triptans

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

3. Acute CGRP antagonists (gepants)

- ubrogepant
- rimegepant

4. Ditans


- lasmiditan

5. Anti-emetics

- metoclopramide
- prochlorperazine
- promethazine
- ondansetron

Step 4: Make a treatment action plan

If patient exclusively experiences severe headaches, and less than 8 days/month, they may only require triptan/gepants/ditan



If patient with more than 8 days month, or a mix of moderate and severe headache, consider a combination of triptans/CGRP mabs/ditans for more severe and NSAIDs for moderate headaches



If patient has significant nausea as a symptom, consider non-oral treatment or addition of an antiemetic

Step 5: Clarify medication limits

Medication limits exist for safety and to prevent acute medication overuse.

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 12 days/month
 - ketorolac IM - 30mg IM PRN, may repeat in 8 hours, limit 4 days/month

Note: Some common side effects or cautions

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

Acute Medications for Migraine

Medication Class	Frequency of Treatment/Limits	Most Common Side effects	Considerations
Triptans Sumatriptan PO, NS, SQ Eletriptan PO Frovatriptan PO Naratriptan PO Rizatriptan PO, ODT Zolmitriptan PO, NS, ODT Almotriptan PO	Fast acting PO/ODT - 1 dose followed by 2nd as needed in 2 hours Slow acting PO - 1 dose followed by 2nd as needed in 4 hours SQ - 1 dose followed by 2nd as needed in 1 hour Limit to 10 days or less per month	-Dizziness -Drowsiness -Heaviness -Neck/jaw tightness -Elevated Blood Pressure	Can contribute to increased headache frequency if overused
NSAIDs Aspirin PO Ibuprofen PO Naproxen PO Diclofenac PO Indomethacin PO Nabumetone PO *Ketorolac IM, NS Celecoxib PO	Every 6-12 hours Limit to 12-15 days or less per month *limit to 4 days per month	-Abdominal pain -Constipation -Diarrhea -Nausea/Vomiting -Heartburn	Contraindicated in history of gastrointestinal bleed, decreased kidney function and/or abnormal liver function with overuse
Gepants Ubrogapant PO Rimegepant ODT	U- 1 dose followed by 2 nd as needed in 2 hours R- limit to 1 dose in 24 hrs	-Drowsiness (U) -Nausea (U, R) -Dry mouth (U)	No long-term data
Ditans Lasmitidan PO	Limit to 1 dose in 24hrs	-Sedation -Dizziness -Numbness/Tingling -Serotonin Syndrome	No long-term data Controlled substance 8 hour driving restriction
Anti-emetics Metoclopramide PO Prochlorperazine PO, PR Promethazine PO, PR	Up to 3 times a day Limit to 10 days per month	-Drowsiness -Tardive dyskinesia	Metoclopramide safe in pregnancy

REFERENCES

- Becker, W. Acute Migraine Treatment in Adults. *Headache*. 2015;55:778-793
- Mallick-Searle T, Moriarty M. Unmet needs in the acute treatment of migraine attacks and the emerging role of calcitonin gene-related peptide receptor antagonists: An integrative review. *J Am Assoc Nurse Pract*. 2020;ePub. doi: 10.1097/JXX.0000000000000397
- Mayans, L., Walling, A. Acute migraine headache: treatment strategies. *Am Fam Physician*. 2018 Feb 15;97(4):243-251.
- Munksgaard, S. & Jensen, R. Medication Overuse Headache. *Headache Currents*. 2014. 1251-1257.
- Moreno-Ajona et al. Targeting CGRP and 5-HT1F Receptors for the Acute Therapy of Migraine: A Literature Review