

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

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



What is their migraine frequency?

- What is the frequency of the patient's moderate to severe migraine attacks?
- What associated symptoms do they experience with their migraine attacks?
- Are their migraine attacks 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 migraine attack?

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

- Short half life: sumatriptan, rizatriptan, eletriptan, almotriptan, zolmitriptan
- Long half life: 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

* Metoclopramide, prochlorperazine and promethazine have additional direct anti-migraine effect but may be sedating, and ondansetron has no direct anti-migraine effect but is not sedating.

Step 4: Make a treatment action plan

If the patient always experiences severe attacks, and fewer than 8 days/month, they may do best with a migraine-specific agent at onset of all attacks.



If frequency is more than 8 days/month, or there is a mix of moderate and severe attacks, use a stratified care and combination approach.



When there is significant nausea use non-oral treatment or add an anti-emetic.

Step 5: Clarify medication limits

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

SUGGESTED LIMITS

- *If a patient is using only simple analgesics, usage up to 15 days/month is considered reasonable. If a patient uses other agents in addition, the limit should be 10 days/month. This recommendation is to reduce the chances of medication toxicity and rebound headache.*

Note: Some common side effects or cautions

- Triptans - jaw/throat/chest tightness, palpitations, tingling, nausea, 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	All triptans can be repeated once in 2 hours with the following exceptions: <ul style="list-style-type: none"> • Sumatriptan SQ can be repeated in 1 hour • Naratriptan can be repeated in 4 hours 	-Dizziness -Drowsiness -Heaviness -Neck/jaw tightness -Elevated Blood Pressure	Can contribute to increased headache frequency if overused Contraindicated in patients with or at risk for vascular disease
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)	Limited long-term data Should not be used in patients with active vascular disease
Ditans Lasmitidan PO	Limit to 1 dose in 24hrs	-Sedation -Dizziness -Numbness/Tingling	Limited long-term data Controlled substance 8 hour driving restriction Should not be used in patients with active vascular disease
Neuroleptics 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

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