

How Do I Help My Patient Choose the Right Preventive Treatment?

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When should migraine preventive treatment be considered/offered?

- When patients have four or more migraine days a month
- When there is failure or overuse of acute therapies and risk of medication overuse
- When a patient wants to pursue a preventive option
- When a patient is significantly debilitated by their symptoms, even if attacks are infrequent such as with hemiplegic migraine or migraine with brainstem aura

Goals of Migraine Preventive Treatment:

- Reduce the number of migraine attacks
- Reduce migraine days and headache days
- Reduce severity of symptoms
- Reduce the frequency of acute medication use
- Reduce migraine-related disability

Principles of Preventive Treatment:

1. Establish a therapeutic relationship with your patient. Understand their goals for treatment and if they have any preferences for treatment modalities, such as more natural approaches or prescription medications.
2. Distinguish between a diagnosis of episodic and chronic migraine.
3. Set realistic expectations regarding treatment goals: reduction in migraine frequency, severity and burden, as opposed to complete elimination of migraine. For instance, a good goal to aim for is 50% reduction in migraine frequency.
4. Give each treatment an adequate trial for at least two months at goal dose, emphasizing that improvement is often gradual.
5. Consider treatments that have the highest level of evidence-based efficacy.
6. Start with a low dose and increase slowly.
7. Consider comorbidities and choose medications that may treat coexisting disorders when possible.
8. Consider the side effect profile of preventive medications.
9. Consider the adherence/compliance to dosing frequency and the route of administration.
10. Consider a combination of preventive treatment options if monotherapy is only partially effective.
11. Consider the cost of treatment options and any insurance restrictions.

Lifestyle modifications:

All patients should be educated on lifestyle modifications

- Fluctuations in a person's daily routine can trigger migraine attacks
- People with migraine are likely to do better if they:
 - Maintain a routine bedtime and wake up time
 - Eat regular and routine meals daily
 - Maintain moderate-intensity aerobic exercise daily

Nutraceuticals	Most common side effects	Contraindications
Magnesium	Diarrhea	Neuromuscular disease, renal impairment
Riboflavin	Urine discoloration	
CoenzymeQ10	Nausea, diarrhea	Biliary obstruction, hepatic insufficiency
Melatonin	Daytime drowsiness	Various medication interactions

Consider combining nutraceuticals with prescription preventives

Medication class	Most common side effects	Contraindications	Consider for
Antiepileptics Topiramate	Paresthesia, weight loss, memory impairment, somnolence, GI upset	Renal impairment, nephrolithiasis, metabolic acidosis	Patients who are overweight
Divalproex sodium/ sodium valproate	Weight gain, nausea, alopecia, somnolence, tremor	Liver impairment, pancreatitis, childbearing potential	
Antidepressants TCAs Amitriptyline Nortriptyline SNRIs Venlafaxine	Hypersomnolence, dry mouth, weight gain, constipation, fatigue, sleepiness Nausea, dizziness, insomnia, drowsiness, diaphoresis, dry mouth	Arrhythmia (tachycardia), cardiac conduction abnormalities, suicidal behavior/thinking Suicidal behavior/thinking, renal or hepatic impairment, poorly controlled HTN	Patients with comorbid depression, or insomnia Patients with comorbid depression, anxiety, postmenopausal hot flashes
Antihypertensives Beta blockers Propranolol Metoprolol Timolol Candesartan	Orthostatic intolerance, exercise intolerance, fatigue Hypotension, dizziness	Bradycardia, asthma, hypotension, heart failure Hyperkalemia	Patients with hypertension, essential tremor Patients with hypertension
OnabotulinumtoxinA	Injection site pain, muscle weakness	Neuromuscular/neuromuscular junction disease	Patient who have chronic migraine
CGRP Antibodies Erenumab Galcanezumab Fremanezumab Eptinezumab	Constipation, injection site reaction, hypertension Injection site reaction Injection site reaction Injection site reaction	pregnancy, lactation, cardiovascular disease or poorly controlled risk factors	Patients who have difficulty with adherence to daily oral medication use