

Making an Acute Treatment Plan for Migraine



When a patient is experiencing a headache or migraine attack, the first line of defense is often acute medication. You can help by developing an individualized acute treatment plan for your patients with migraine and headache disorders patients. Here are some helpful steps to create an acute treatment plan for your patients:

Steps for Creating an Acute Treatment Plan

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 attacks?
- What associated symptoms do they experience with their attacks?
- Are their headaches rapid or gradual in onset?

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



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Step 2: Determine Any Comorbid

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

- 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 3: Make a Treatment Plan

Consider the severity and frequency of headaches to determine which medication or medications are right for the patient.

- Patients who exclusively experience severe headaches less than eight days a month may only require triptans, gepants or ditans.
- Patients who experience a mix of moderate or severe headaches more than eight days a month should consider a combination of triptans, CGRP monoclonal antibodies or ditans for more severe attacks and NSAIDs for moderate headaches.
- Patients who experience significant nausea as a symptom should consider non-oral treatment or addition of an antiemetic.

