

Treatment for Women With Migraine

Acute and preventive treatment options for migraine and how to tailor care plans for individual patients

There is no cure for migraine, but two main types of treatment can be used to help provide relief for women with migraine: acute treatment (used during the attack) and preventive treatment (used regularly before attacks occur). While treatment guidelines have been developed to facilitate treatment decisions, they do not replace clinical judgment—interventions must always be personalized to the unique needs of women with migraine, from hormonal triggers to menstrual migraine and menopause.

Acute Treatment

Acute treatment for migraine is used during a migraine attack to stop or ease symptoms. There are different types of acute medicines for migraine, including:

Class	Agents
Triptans*	Sumatriptan, rizatriptan, eletriptan, naratriptan, zolmitriptan, almotriptan, frovatriptan
Ergot alkaloids*	Dihydroergotamine
Small-molecule CGRP receptor antagonists (gepants)	Ubrogepant, rimegepant
5-HT_{1F} receptor agonist (ditan)	Lasmiditan
Nonsteroidal anti-inflammatory drugs*	Aspirin, celecoxib oral solution, diclofenac, ibuprofen, naproxen
Combination analgesics*	Acetaminophen+aspirin+caffeine

*Monitor use to prevent medication-overuse headache.

Recommendations for Acute Treatment of Migraine:

Type of attacks	Drugs
Mild to moderate attacks	nonsteroidal anti-inflammatory drugs (NSAIDs), non-opioid analgesics, acetaminophen or caffeinated analgesic combinations (eg, aspirin + acetaminophen + caffeine)
Moderate or severe attacks / mild to moderate attacks that respond poorly to nonspecific therapy	migraine-specific agents (triptans, dihydroergotamine, gepants, ditan)

How to Pick a Triptan

Because triptans are the most commonly used migraine treatment, it's essential to understand how they differ:

Triptan	Formulation(s)	Notes
Sumatriptan	Oral tablet, nasal spray, nasal powder, subcutaneous	Only triptan with subcutaneous option
Rizatriptan	Oral tablet ^a	Shortest T _{max} (1.3 hours) Use half dose in patients taking propranolol
Eletriptan	Oral tablet	Potent, preferred in renal impairment
Naratriptan	Oral tablet	Half-life 6.5 hours
Zolmitriptan	Oral tablet ^a , nasal spray	One of two triptans available as nasal spray
Almotriptan	Oral tablet	Favorable safety and tolerability
Frovatriptan	Oral tablet	Long half-life (26 hours)

^aConventional and orally dissolving tablets available.

Preventative Treatment

Unlike acute treatment, preventive medications are taken regularly to prevent migraine attacks from happening. These include the following:

Class	Agents	
	Oral	Parenteral
Angiotensin receptor blocker	Candesartan	
Beta-blocker	Metoprolol, propranolol, timolol	
Anticonvulsant	Topiramate, valproic acid	
CGRP antagonist	Rimegepant, atogepant	
CGRP monoclonal antibodies		Eptinezumab, erenumab, fremanezumab, galcanezumab

Recommendations for Preventive Treatment of Migraine:

- For patients with chronic migraine, a course of onabotulinumtoxinA may be effective.
- Tricyclic antidepressants may be effective in some patients.

Contraception Options for Migraine with Aura

In women who have migraine with aura, progestin-only contraceptives are the most appropriate choice. The intrauterine device is recommended because of low serum progestins and uncomplicated removal in the event that intractable headache is triggered. Nonhormonal alternatives, like the copper intrauterine system may also be acceptable options.

Progestin Only			
Intrauterine device	Pill (taken daily without breaks)	Injectable progestin	Implant

For more information on migraine and other headache disorders, visit [AHS' resources hub](#). If you are interested in women's health and migraine management, be sure to sign up for our brand new presentation on [A Woman's Migraine Journey](#).

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