

# Acute Migraine Treatment - Information for Patients

*Werner J. Becker<sup>1</sup> and Irene Worthington<sup>2</sup> on behalf of the Canadian Headache Society Acute Migraine Treatment Guideline Development Group*

Can J Neurol Sci. 2013; 40: Suppl. 3 - S77-S78

## What is acute migraine treatment?

Acute migraine treatment usually involves taking medications to reduce the pain and other symptoms of a migraine attack. Non-medication treatment can also be used, like ice packs and relaxation or meditation, but most patients with migraine also take some sort of medication for their attacks when they happen.

Acute medications (sometimes called symptomatic medications) are used to treat individual migraine attacks when they happen, and are quite different from preventive or prophylactic medications. Preventive medications are meant to be taken daily in order to make migraine attacks less frequent. Acute medications are an entirely different class of medications, and are taken only when the attack actually happens. It is important to know that acute medications can make migraine headaches more frequent if they are taken too often.

## Which acute medications can I use for my migraine attacks?

Many medications are used to treat migraine attacks. For milder attacks, acetaminophen may be sufficient. It does not work well for most patients with migraine, however, and the non-steroidal anti-inflammatory drugs (NSAIDs) are usually more effective. NSAIDs that have been proven to help many patients with migraine include ibuprofen (400 mg), naproxen sodium (550 mg), diclofenac (50 mg), and ASA (aspirin) 1,000 mg. Ibuprofen and diclofenac will often start to work very quickly, but you may need to repeat your dose because their effects wear off quickly (in about four hours). They may stop the attack, however, and it may not come back. Naproxen sodium usually lasts longer, up to 12 hours.

If your attacks are severe and especially if they are bad enough that you have to lie down, the NSAIDs may not work well for you. The triptans are medications that are often more effective for more severe attacks (as well as less severe attacks). There are seven triptans available in Canada. They are all a little different, and one may work better for you than the others. It is therefore worthwhile for you to try at least three or four of them if you are not having an excellent response to the one you are taking. An excellent response means that you are free of pain, or at least have improved enough so that you can go about your usual activities two hours after taking the medication, and that you don't have uncomfortable side effects.

The triptans come as tablets, wafers, nasal sprays, and injections. The wafers dissolve in your mouth, so you don't need water to take them. They can be helpful if you find that drinking water with your tablets makes you more nauseated, or causes vomiting. The nasal sprays are absorbed partially through the

lining of the nose, so they can be helpful if you have a lot of nausea, or may vomit with your migraines. Because some of the medication enters the bloodstream quickly through the lining of the nose, they may work very quickly in relieving your migraine. Much of the medication from nasal sprays is still absorbed through the stomach, so if you are vomiting, they may not work that well for you. In that case, the injection is a better option for you, as all the medication will stay in your body. Sumatriptan comes in an auto injector, which is easy to use at home. If the tablets, wafers, or nasal sprays don't work that well for you, you may find that the injection works much better.

## How should I choose my acute medication?

There are several things to consider when choosing an acute medication. First of all, how severe are your migraine attacks? If they are quite severe, and force you to go to bed, it is best to try one of the triptans, as it is unlikely that the other medications like the NSAIDs will work for you. If your attacks are milder, the NSAIDs may be a good choice for you. If they are quite mild, even acetaminophen may work well.

Secondly, your past experience with medications is important. If you have tried acetaminophen and ibuprofen, and neither one has worked well for you, then it is likely time to try a triptan, although it is still possible that one of the other NSAIDs may be helpful, like diclofenac or naproxen.

Medications with codeine or tramadol, like acetaminophen with codeine tablets or acetaminophen with tramadol, are not recommended for routine use with migraine attacks. They often don't work all that well, and they lead to medication overuse headache in many people, especially if their migraine attacks are frequent. They may be options if you do respond to other acute migraine medications or cannot take them for some reason. In that case, they should not be taken on more than nine days per month.

If your headache increases in severity rapidly and you need your acute medication to work quickly, there are several special medications which may be helpful. The liquid ibuprofen capsules 400 mg (for example, Advil® Liquigels), diclofenac

From the <sup>1</sup>University of Calgary and the Hotchkiss Brain Institute, Calgary, Alberta; <sup>2</sup>Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.

RECEIVED JUNE 9, 2013. FINAL REVISIONS SUBMITTED JUNE 22, 2013.

Correspondence to: W.J. Becker, Division of Neurology, 12th Floor, Foothills Hospital, 1403 29th St NW, Calgary, Alberta, T2N 2T9, Canada.

powder for oral solution 50 mg (Cambia®), and effervescent aspirin 900 mg (for example, Alka-Seltzer®) can work more quickly than the regular tablets. Among the triptans, the sumatriptan injection is the fastest (Imitrex® 6 mg). The zolmitriptan nasal spray 5 mg (Zomig®) also has a fast onset of action. Among the triptan tablets, rizatriptan 10 mg (Maxalt®) and eletriptan 40 mg (Relpax®) tend to work quickly. If your headache tends to come back on the same day after you treat it with a triptan, you may find that frovatriptan 2.5 mg (Frova®) or eletriptan 40 mg (Relpax®) will work best for you with less chance that the headache will return after treatment. If the triptans give you side effects that are a nuisance, then you may find that almotriptan 12.5 mg (Axert®) will give you fewer problems and still treat your migraine headaches well.

If drinking water with your tablets makes your nausea worse or makes you vomit, then a wafer which dissolves in your mouth may be best (Maxalt RPD® 10 mg, Zomig Rapimelt® 2.5 mg). If you have a lot of nausea or vomiting, or if you attacks just don't respond well to triptan tablets or wafers, the sumatriptan injection (Imitrex® 6 mg, or the zolmitriptan nasal spray (Zomig® 5 mg) may work better for you. Also, if you have a lot of nausea, you can take a medication for nausea (metoclopramide 10 mg, or domperidone 10 mg) with your triptan or NSAID to get a better treatment result.

Finally, if your attacks are not responding as well as you would like to your triptan, you can try taking naproxen sodium 550 mg with the triptan. This combination often works better than either medication by itself.

### **What is the best way to take my acute medication?**

All the acute migraine medications seem to work better if they are taken early in the attack rather than once the pain becomes severe. So early treatment, if you are confident that the attack is going to build up to a moderate or severe headache if you don't treat it, is usually best. If your migraine attacks are quite frequent, however, you will need to be careful as you don't want to take you acute medication so often that you are at risk for medication overuse headache.

If you have migraine with aura, you may find that if you take your medication during the aura it will prevent the headache from coming on. If this is the case for you, you may do this, as taking acute medications, including the triptans, during the aura is safe. The triptans, however, do seem to work best for many patients when they are taken at the start of the headache pain, rather than during the aura.

### **Are there any risks in using acute migraine medications?**

Like most other medications, the medications used for acute migraine treatment can have side effects. The NSAIDs can be hard on the stomach, and should not be used by patients who have had stomach or duodenal (intestinal) ulcers. They are best taken with food to avoid stomach irritation. Acetaminophen and the triptans are much easier on the stomach. The triptans temporarily narrow (constrict) blood vessels including those in the heart. While this is not a problem for healthy people, it can be for patients with vascular or heart disease. People with a history of heart attacks, a stroke, or serious circulation problems in the legs should not take triptans or dihydroergotamine.

The most common problem with acute migraine medications, however, is medication overuse headache. When they are taken too often, all acute migraine medications can cause medication overuse headache. How often is too often? Patients using NSAIDs and acetaminophen need to keep their medication use to less than 15 days a month. Patients taking the triptans, or ergotamines, or pain killers with codeine or tramadol need to keep use of these medications to less than ten days a month. If they take acute medications above these monthly limits, patients with migraine run the risk of developing more and more frequent headaches. This is called medication overuse headache, and can sometimes lead to daily headaches. When this happens, the medication overuse must be stopped, and a preventive medication started. Referral to a neurologist or headache specialist may be needed.

### **CONCLUSION**

Many acute migraine medications are available, and most patients can find one that works well for them. It is important to know what is available, and that these medications should not be used too often. Patients with frequent migraine attacks need to be especially careful, and they should speak to their doctor about which lifestyle changes they could make to reduce their migraine frequency. If necessary, they should also consider going on a preventive medication to reduce their migraine frequency, and therefore their need for acute medications. Preventive medications are meant to be taken daily, and do not cause medication overuse headache.