



Orange County Migraine & Headache Center

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Winter Newsletter 2018-19

Major policy changes regarding Opioid and Narcotic prescribing at OCM&HC

We hope all of you are having a wonderful start to your Holiday Season. This has been a very exciting year for migraine sufferers with the launch of three Calcitonin gene-related peptide (CGRP) antibodies for migraine prevention. Aimovig was released in May. Both Ajovy and Emgality were released in September. This is the first category of migraine prevention that was developed specifically for migraine. Many of our patients are already seeing significant improvement with a reduction in both migraine frequency and severity.

For acute migraine treatment, there are oral CGRP antagonists in development. In addition, non-invasive neurostimulators are available for acute and prevention treatment of migraine and cluster. They include the Cefaly device, the SpringTMS (transcranial magnetic stimulation), and the GammaCore (non-invasive vagal nerve stimulator).

With so many specific migraine treatments emerging, our office has revisited the issue of narcotic and opioid prescribing for migraine. Narcotics like hydrocodone are not FDA approved for acute or preventive treatment of migraine or cluster headache. In addition, they can lead to medication overuse headache which can cause other treatments to not work as well. Lastly, they can cause drowsiness, depression, and can cause death in the case of an overdose.

The state of California is strictly monitoring the prescribing of narcotics and opioids. Responsible prescribing includes random urine drug screening, contracts, and limits on how many pills can be prescribed at one time. We have decided there are too many current restrictions and future restrictions for our office to prescribe any amount of narcotics.

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Dedicated to the relief of pain caused by headaches and mood disorders

We are not pain specialists nor do we wish to be. Therefore, as of January 2019, we will be a “narcotics free” office. No exceptions will be made. All of you currently receiving a narcotic prescription from our office will receive a letter as well as a list of pain specialty practices in the local area. We will help with your transition to a pain specialist for future narcotic prescriptions. For those of you only needing a small amount of a narcotic to rescue a severe migraine, you may be able to request from your primary care provider (PCP).

There is an abundance of non-narcotic ways to treat a severe migraine attack including a Toradol injection, occipital nerve blocks, standing orders at the Hoag Infusion Center for IV medications and IV fluids, sphenopalatine ganglion blocks (SPG’s) administered in our office, a course of steroids, and anti-nausea injections or suppositories. In addition, the new CGRP monoclonal antibodies have helped some of our patients to not need a narcotic as their migraines are so much better.

We encourage you to make an appointment to come in and review your migraine plan. This is an exciting time for migraine sufferers with all the new treatments available. Let’s work together to help you be as headache-free as possible in 2019.

Happy Holiday Season,

Dr. Susan Hutchinson and Dr. Molly Rossknecht
Staff