Orange County Migraine & Headache Center

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Migraine-Definition & Acute Treatment Patient Handout

Migraine is a chronic neurological disease characterized by episodic disabling headaches. It affects 13% of the world's population globally and about 38 million Americans in any given year. It is the 2nd leading cause of years lived with disability according to the 2016 Global Burden of Disease Study. Women are 3 times more likely to have migraine than men during child-bearing years. Hormonal fluctuations are considered the main reason for this gender disparity.

For most individuals with migraine, they inherited the disease. Migraine can be thought of as inheriting a heightened sensitivity to one's environment. Migraine is more than a headache. In addition to a throbbing, pulsating, moderate to severe headache, common associated symptoms may include nausea and/or vomiting, sensitivity to light and/or noise, neck pain, and sinus symptoms including nasal congestion and facial pain. If not successfully treated, migraine attacks can last 4-72 hours. During this time the individual often feels slow mentally, has trouble concentrating, and may be irritable. As a result, co-workers, family members, and friends can be affected.

Many individuals have incorrectly been diagnosed with tension or sinus headache. It is important to get a proper diagnosis for effective treatment. Most disabling headaches associated with nausea and sensitivity to light are migraine.

Once correctly diagnosed, acute treatment options for migraine attacks include:

1. Triptans (migraine specific medication) including Imitrex (Sumatriptan), Maxalt (Rizatriptan), Zomig (Zolmitriptan), Relpax (Eletriptan), Axert (Almotriptan), Amerge (Naratriptan), and Frova (Frovatriptan). Triptans come in tablets, nasal sprays, and injections.
2. Ergotamines and Ergot Alkaloids (migraine specific medication) including Cafergot, Ergomar SL (sublingual tablets), DHE (Dihydroergotamine nasal spray) and DHE IV or injection.
3. NSAIDS-non-steroidal anti-inflammatory drugs like Ibuprofen (Motrin) and Naproxen (Aleve, Naprosyn) and Diclofenac (oral and powder). The powder form of Diclofenac is Cambia 50 mg and is FDA approved for acute migraine.
4. Over the counter (OTC) analgesics including combination products such as Excedrin which contains Tylenol, aspirin, and caffeine. OTC medications also include plain Tylenol, plain aspirin, low-dose anti-inflammatory medications, and caffeine pills.
5. Butalbital containing medications including Fiorinal and Fioricet. These products also include caffeine and aspirin or acetaminophen. Butalbital is a barbiturate, is not migraine specific, and can lead to medication overuse and medication overuse headache. This class is not recommended first-line. In addition, Butalbital can cause drowsiness and could potentially lead to a DUI if driving under its influence.

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6. Narcotics/Opioids-in our opinion, they have a very limited role in the management of migraine. They can lead to medication overuse headache, addiction issues, and cause other medications to not be as effective. As a result, we have adopted a "no-narcotics" policy in our headache-focused practice. There are many safer and better treatments.
7. Non-invasive neurostimulator devices including the Cefaly device, the sTMS (single-pulse Transcranial Magnetic Device) and the GammaCore (vagal nerve stimulator). All are felt to be safe and can be effective for some patients for acute migraine.
8. Acupuncture, ice packs, lying down in dark quiet room, anti-nausea medications, caffeine, homeopathic & herbal products including magnesium via IV or bathing in Epsom salts (contains magnesium) as well as a myriad of other acute treatment options for migraine attacks may be helpful in aborting the acute migraine attack for some individuals.

The treatment goal for any migraine attack is to be headache-free in 1-2 hours, back to full function, little to no side-effects from the treatment, relief of associated symptoms including nausea & sensitivity to light, and for the headache to not return for at least 24 hours. Every patient deserves an individualized approach to treatment taking into account co-morbid conditions and past experience with any migraine treatments.

For patients who cannot take the a triptan or an ergot/ergot alkaloid medication due to their vasoconstrictive activity and contraindication for those with coronary artery disease or peripheral vascular disease, new acute migraine treatment options are emerging that will be safe for this population. Such new treatments include Lasmiditan, Rimegepant, and Ubrogepant. Stay tuned-they should become available by early 2020. This is an exciting time for migraine treatment.

Prepared by:

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