

ADVANCES IN ACUTE TREATMENT OF MIGRAINE

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Learning objectives

At the conclusion of this presentation, participants should be able to:

- Identify evidence-based medication options for acute migraine treatment
- Discuss comorbidities and exacerbating factors that might render acute therapies less efficacious
- Use MIDAS to assess the severity and impact of headache upon the patient
- Employ M-TOQ to assesses if acute therapies need to be modified
- Design a treatment plan that is stratified to the individual patient's treatment needs

Evidence based options for acute treatment of migraine

Level A: Medications are established as effective based on available evidence.

- Analgesic--Acetaminophen 1000 mg
- Ergots--DHE nasal spray 2 mg
- NSAIDs--Aspirin 500 mg, Diclofenac 50, 100 mg, Ibuprofen 200, 400 mg, Naproxen 500, 550 mg
- Opioids--Butorphanol NS 1mg
- Triptans--Almotriptan 12.5 mg, Eletriptan 20, 40, 80 mg, Frovatriptan 2.5 mg, Naratriptan 1, 2.5 mg, Rizatriptan 5, 10 mg, Sumatriptan (-Oral 25, 50, 100 mg, -Nasal spray 10, 20 mg, -SC 4, 6 mg), Zolmitriptan (-Nasal spray 2.5, 5 mg, -Oral 2.5, 5 mg)
- Combinations-- APAP/aspirin/caffeine; Sumatriptan/naproxen 85/500 mg

Level B: Medications are probably effective for acute migraine treatment based on available evidence.

- Anti-emetics--Chlorpromazine IV 12.5mg, Droperidol IV 2.75 mg, Metoclopramide IV 10 mg, Prochlorperazine IV/IM 10mg; PR 25 mg
- Ergots--DHE IV, IM, SC 1 mg, Ergotamine/caffeine 1/100mg
- NSAIDs--Flurbiprofen 100 mg, Ketoprofen 100 mg, Ketorolac IV/IM 30-60 mg
- Others--MgSO₄ IV 1-2 g, Isometheptene 65 mg
- Combinations--Codeine/acetaminophen 25/400 mg, Tramadol/acetaminophen 75 mg/650 mg

Level C: Medications are possibly effective for acute migraine treatment based on available evidence.

- Anti-epileptic--Valproate IV 400-1000 mg
- Ergots--Ergotamine 1-2 mg
- NSAIDs--Phenazone 1000 mg
- Opioids--Butorphanol IM 2 mg, Codeine PO 30 mg, Meperidine IM 75 mg, Methadone IM 10 mg, Tramadol IV 100 mg
- Steroid--Dexamethasone IV 4-16 mg
- Other--Butalbital 50 mg, Lidocaine intranasal
- Combinations--Butalbital/acetaminophen/ caffeine/codeine 50/325/ 40/30 mg, Butalbital/acetaminophen/ caffeine 50/325/40 mg

Level C negative: Medication is possibly ineffective for acute migraine.

- Chlorpromazine IM 1 mg/kg, Granisetron IV 40-80 mcg/kg, Ketorolac tromethamine nasal spray, Acetaminophen IV 1000 mg

Level U: Evidence is conflicting or inadequate to support or refute the efficacy of the following medications for acute migraine.

- Celecoxib 400 mg, Lidocaine IV, Hydrocortisone IV 50 mg

The Migraine Disability Assessment Test

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

INSTRUCTIONS

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select zero if you did not have the activity in the last 3 months.

1. On how many days in the last 3 months did you miss work or school because of your headaches?
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)
3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)
5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?

Total (Questions 1-5)

What your Physician will need to know about your headache:

A. On how many days in the last 3 months did you have a headache? (If a headache lasted more than 1 day, count each day.)

B. On a scale of 0 - 10, on average how painful were these headaches? (where 0=no pain at all, and 10= pain as bad as it can be.)

Scoring: After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B). MIDAS Grade Definition :

MIDAS Score I-- Little or No Disability 0-5

MIDAS Score II-- Mild Disability 6-10

MIDAS Score III--I Moderate Disability 11-20

MIDAS Score IV --Severe Disability 21+

The Migraine Treatment Optimization Questionnaire (M-TOQ)

M-TOQ	Questions	Response
Functional response	Are you able to quickly return to your normal activities after taking your migraine medication?	<ul style="list-style-type: none"> • Treat earlier • Increase dose • Switch to medications with greater efficacy (e.g. eletriptan or rizatriptan) • Combine medications from different classes (e.g. triptan and NSAID, triptan and metoclopramide)
Consistency and onset	Can you count on your migraine medication to relieve your pain within 2 hours for most attacks?	Treat earlier • Switch to a drug with evidence of higher consistency of response (e.g. rizatriptan)
Recurrence	Does one dose of your migraine medication usually relieve your headache and keep it away for at least 24 hours?	<ul style="list-style-type: none"> •Treat earlier • Increase dose • Consider a drug with a low recurrence rate or a high 24-h headache response (e.g. eletriptan, frovatriptan)
Side effects	Is your migraine medication well-tolerated?	<ul style="list-style-type: none"> •Treat earlier • Reduce dose • Consider use of a drug with a more favorable tolerability profile (e.g. almotriptan, naratriptan)
Global	Are you comfortable enough to be able to plan your daily activities?	If patient is satisfied with all four of the above but not overall: discuss expectations and consider behavioral or preventive treatment

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