Migraine: Adult Prophylactic Therapy Guidelines

NHS Oxfordshire Clinical Commissioning Group

General Advice:

- Usually offered if **3 or more** migraines per month, but decided based on impact rather than frequency.
- They all have side effects. So **start on a low dose and increase slowly**. If unacceptable SEs occur, drop down a dose for a week or two before increasing slowly again. **Divided daily doses are acceptable**.
- Increase to the **maximum dose or maximum tolerated dose – whichever comes first**. Once at that dose **continue for at least 6-8 weeks before deciding on efficacy**, as it is not unusual for efficacy to reveal itself only after that time.
- Aim for **50% reduction in frequency and/or severity** of headaches (cure unlikely).
- Once efficacy gained, **a standard course is 6 months** and then consider gentle reduction to stop.

Lifestyle Advice & Self Help Therapies

- Regular light exercise
- Regular meal times
- Regular bed times
- Regular wake times
- Minimise stress
- Fibre in the morning
- 10 sessions of acupuncture (not available on NHS)

Over-the-counter supplements:

- Riboflavin 400mg OD
- Co-Enzyme Q10 150mg OD

Making a choice

Not all are licensed, but all have an evidence base. **It is reasonable to personalise the choice to the patient's preference and lifestyle**. The selected SEs may act as a decision aid. Likely **minimum therapeutic dose is in blue**. **THINK! - Do they need compatible contraception? Are they trying to get pregnant?** (see BNF compatibility)

NICE Recommended:

Propranolol MR 80mg – 240mg daily

- Licensed

Decision aid: Can cause insomnia, cold extremities, reduced exercise tolerance. Avoid if asthmatic.

Topiramate: start at 25mg OD and increase in 1-2 weekly steps to **50mg BD** (sometimes 200mg daily) Offer effective contraception to women.

- Licensed

Decision aid: poorly tolerated, *but good efficacy*! Not suitable if depressed or low BMI. Can cause acute glaucoma, cognitive problems; is teratogenic and reduces effectiveness of some contraception.

Amitriptyline: **10-50mg nocte** .
Decision aid: Helpful if co-morbid sleep disturbance or low mood. Drowsiness, sedation the next morning, dry mouth, blurred vision. **Nortiptyline** is a reasonable alternative (but unlicensed and expensive).

Gabapentin. *Currently on NICE guidelines but evidence is poor and drug will likely be removed from next guidelines.* Start at 300mg daily and increase by 300mg every four days to **1.2g daily** (max 2.4g).

- *Unlicensed*

Decision aid: Can cause drowsiness and clumsiness.

Other Options supported by an evidence base:

Candesartan: start on 4mg OD and double every 2 weeks to **16mg daily** (therapeutic dose; max 32mg). Check renal function 2 weeks after onset and every dose change.

- *Unlicensed*
- Decision aid: dry cough, renal function. Probably does NOT lower a normal BP (unlike BBs).

Atenolol: **25mg – 100mg daily** is probably therapeutic.

- *Unlicensed*
- Decision aid: Reduced exercise tolerance.

Metoprolol 100mg – 200mg daily

- Licenced
- Main SEs: as per propranolol

Pizotifen: Initially 500mcg nocte, increased to **1.5mg nocte** (or divided daily doses)

- Licensed
- Decision aid: weight gain (increased appetite), dry mouth, nausea. Good in children. Less so in adults

Venlafaxine: On previous SIGN guidelines, but recent Cochrane review said no evidence. Start at **75mg daily** (may need 150mg daily). *Unlicensed*. Decision aid: Can cause constipation. Avoid if patient has hypertension or has a cardiac risk.

Sodium Valproate (Epilim): For men and post-menopausal or sterilized women only. Start at 200mg BD and increase in 200mg steps every 4 days to circa 400mg BD. Therapeutic dose is **600mg** – 1,500mg daily. *Unlicensed*

- **Specialist prescribing only (red) by OUH Headache Clinic for women of child-bearing potential as part of a pregnancy prevention programme**

Pregnancy & Lactation: Migraines tend to improve in pregnancy and, as a general rule, prophylaxis should be stopped if the woman finds she is pregnant, or is planning pregnancy. But some pregnant women need prophylaxis. See related OCCG guidelines here

Referral: If all the following met: **Medication overuse headache** at least addressed; **Three prophylaxis treatments tried** at effective or maximum tolerated dose for at least 6-8 weeks; **Chronic Migraine**: headache on ≥15 days of the month, of which ≥8 are migrainous; **Headache diary completed** with 3m of headache diary data at time of secondary care consultation (to include at a minimum: how many days with headache, how many were migrainous, what analgesia taken).
Specialist will consider: **Botox therapy** (MUST meet the above referral criteria) → (if fails) → **Flunarizine** → (if fails) → **Occipital Nerve Stimulation** (surgical intervention).

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