

# **MIGRAINE - CLINICAL FOCUS ON NON-DRUG STRATEGIES. A GUIDE FOR GPs AND OTHER HEALTH CARE PROFESSIONALS**

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A Neurologist with a special interest in the management of migraines

Hello, I'm Richard Stark, I'm a Neurologist at the Alfred Hospital in Melbourne. We're hoping this video will help GPs in their management of migraine.

## **HEADACHE DISORDER IN AUST**

Headaches must be one of the most common reasons that patients come to see a clinician for treatment. There's always concern about diagnosis but the great majority of patients have a primary headache disorder. In fact most of those are migraine. The best way to diagnose migraine is to go through the clinical features of the headache that are associated with it. We look for nausea, light sensitivity, sound sensitivity and in particular whether the headache is sufficient to be disabling or to limit day to day activities.

The ID migraine protocol enables one to diagnose migraine with a 3-question technique. If two of the 3 questions are yes, the diagnosis is probably migraine.

Migraine tends to be underdiagnosed

*(Severe recurrent headache is usually migraine)*

### **ID-Migraine: 3 question screen for migraine**

- In the last three months, has a headache interfered with your activities on at least one day?
- When you have a headache, do you feel nauseated (sick)?
- When you have a headache, does light bother you?

Yes to 2 or 3 suggests migraine

## **PATIENT HISTORY, TREATMENTS AND PREVENTION STRATEGIES FOR MIGRAINE**

When we're assessing a patient who may have migraine, apart from making the diagnosis and checking for the features that make the diagnosis, it's important to look at other aspects of the patient's condition, particularly the things that will affect treatment options. How frequent the migraine is, how disabling it is, what treatment might be required at different times. The thing is we have 3 treatment options or 3 treatment strategies.

One can deal with triggers and patients will tell us which triggers are likely to trigger their migraine. And in most cases patients will have dealt with that already. If migraines are provoked by a certain food, they avoid it.

The second strategy is to treat migraines with appropriate medications when the headache occurs. There're a number of options: Triptans, anti-inflammatories and pain killers.

One of the important things to look at is whether the migraines are frequent enough to require preventive strategies.

There are a number of strategies that are available We've tended to rely predominantly on pharmacological preventative medications and many of these are effective and there are a number of choices.

However, all of them have got their own set of side effects and there are a number of patients for whom individual medications are not appropriate. For example, a patient who's struggling with overweight will not want to take Pizotifen. A patient who has asthma will not want to take Beta-blocker.

### Migraine: Preventative drug treatment

<b>Prophylaxis</b>	<b>Generic name</b>	<b>Trade Name</b>	<b>Main Problems</b>
<i>β blockers</i>	propranolol	Inderal	Asthma, Raynaud's
<i>Selective β blockers may be less effective (evidence is equivocal)</i>			
<i>Serotonin antagonists</i>	Pizotifen	Sandomigran	Weight gain, drowsiness
	cyproheptadine	Periacten	Weight gain
	methysergide	Deseril	Retroperitoneal fibrosis
<i>Anticonvulsants</i>	valproate	Epilim	Weight gain
	topiramate	Topamax	Reduced appetite, drowsiness, expense
<i>Ca channel blocker</i>	verapamil	Isoptin	Variable efficacy
<i>Other anti H/T</i>	clonidine	Catapres	Variable efficacy
	candesartan	Atacand	High dose, hypotension
<i>Tricyclics</i>	amitriptyline	Endep	Dry mouth drowsiness
<i>MAOIs</i>	phenelzine	Nardil	Cheese effect
<i>SSRIs: there is little evidence of efficacy</i>			
<i>Other</i>	botulinum toxin	Botox	Expense

## NON-PHARMACOLOGICAL STRATEGIES IN MIGRAINE MANAGEMENT

There are some patients that just have a natural antipathy to taking tablets every day. We're often asked therefore whether there are strategies that might be available to patients for prevention of migraine that don't involve drugs. There are a number of strategies. There are life style strategies and it's recognized that patients who exercise regularly are likely to have fewer headaches. They can be advised about lifestyle strategies in that way.

### Electrical stimulation techniques available

These days we're fortunate in having a number of other strategies to deal with headaches at a preventive level. One of those strategies relates to **electrical stimulation techniques**.



## Acupuncture

Some patients find that treatment with acupuncture is helpful for treating headaches. It's a little controversial because it's not clear that acupuncture in the standard sites is any better than sham sites or random sites. Nevertheless, some patients find it helpful.

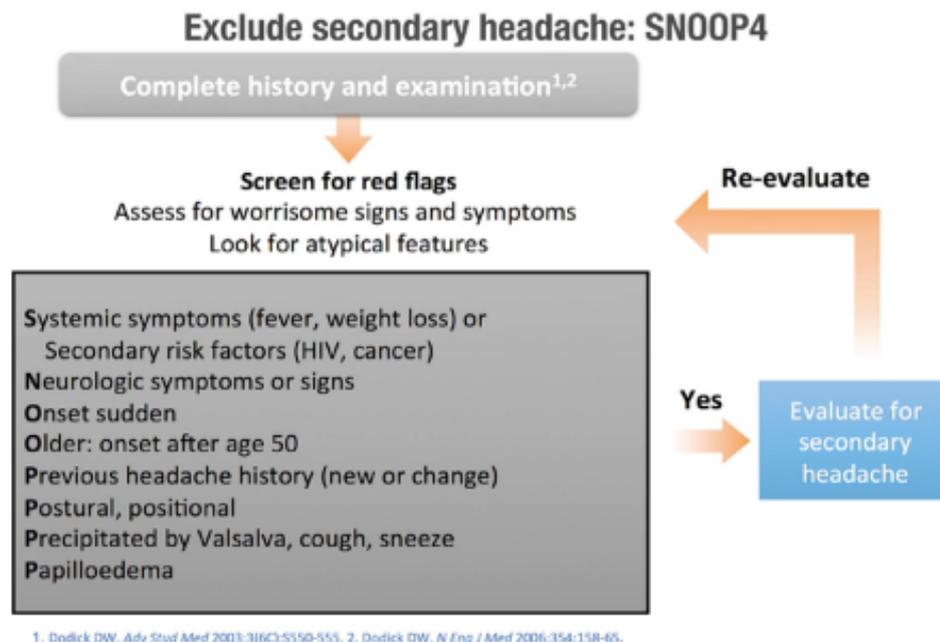
## Stress Reduction Approaches

Many patients will have headaches that seem to be triggered by stressful situations and it makes sense to try to reduce the level of stress in patients' lives. Some patients find psychological approaches helpful in dealing with the headaches as well. Again, there's some controversy about intervening in the best way.

## REFERRAL AND DIFFICULT PATIENTS WITH MIGRAINE RED FLAGS TO CONSIDER – SECONDARY HEADACHE

Most patients respond well to simple strategies dealing with triggers, acute treatment and preventive medication. There are some patients who don't respond so well and these are the patients that probably should be referred for specialist care. Another reason for referral would be anxiety about the diagnosis.

There are a number of red flags that raise the question of a different diagnosis. Things like a new pattern of headache, increasing frequency of headache, increasing severity of headache, headache associated with neurological symptoms that are not typical of ordinary migraine aura.



Headaches associated with such things as fever or indications of general systemic disorder. These are the sorts of things that should raise the possibility of investigation and referral for neurological care.

## SUMMARY – MIGRAINE STRATEGIES

What I'd like to emphasize is that migraine is probably under-diagnosed and I think is often not adequately treated. We do have effective treatments for migraine, both acute treatments and preventive strategies. The preventive strategies these days include not only standard pharmacological agents but other non-pharmacological methods.

**FOR ADDITIONAL RESOURCES FOR MIGRAINE MANAGEMENT, SEE**

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