Migraine: Adult Prophylactic Therapy Guidelines

[APC ClinDoc 004]

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: http://www.medicines.org.uk/

Approval and Authorisation

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<tr>
<th>Approved by</th>
<th>Job Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Area Prescribing Committee</td>
<td>APC Chair</td>
<td>October 2015</td>
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Change History

<table>
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<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
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This prescribing guideline remains open to review considering any new evidence

This guideline should only be viewed online and will no longer be valid if printed off or saved locally.
Migraine: Adult Prophylactic Therapy Guidelines

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 8 weeks before deciding on efficacy, as it is not unusual for efficacy to reveal itself only after this 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 & Alternative Therapies
- Regular light exercise
- Regular meal times
- Minimise stress
- Fibre in the morning
- 10 sessions of acupuncture
- Over-the-counter supplements: Riboflavin 400mg 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 fortnightly 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 hormonal contraception.
- **Amitriptyline**: 10-150mg nocte (good if co-morbid sleep disturbance or low mood).
  - **Unlicensed**
  - **Decision aid:** Drowsiness, sedation the next morning, dry mouth, blurred vision. **Nortriptyline** is a reasonable alternative (but expensive!).

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 BPs).
- **Atenolol**: 25mg – 100mg daily is probably therapeutic.
  - **Unlicensed**
  - **Decision aid:** Reduced exercise tolerance.
- **Metoprolol**: 100mg – 200mg daily
  - **Licensed**
  - **Main SEs**: as per propranolol
- **Pizotifen**: Initially 500mg nocte, increased to 15mg nocte (or divided daily doses)
  - **Licensed**
  - **Decision aid:** weight gain (increased appetite), dry mouth, nausea. Good in children. Less so in adults
- **Sodium Valproate (Epilim)**: Start at 200mg BD and increase in 200mg steps every 4 days to circa 400mg BD. Therapeutic dose is 600mg – 1,500mg daily.
  - **Unlicensed**
  - **Decision aid:** Poorly tolerated. Teratogenic.

Pregnancy & Lactation: Migraines may improve during pregnancy. No drug is truly safe in pregnancy or lactation but if necessary, propranolol or low dose amitriptyline probably the safest.

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. Consultation to take place 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).

Review Date: January 2019

Adapted from OCCCG guidance, October 2015