

Treatment of migraine in adults

Information for Patients

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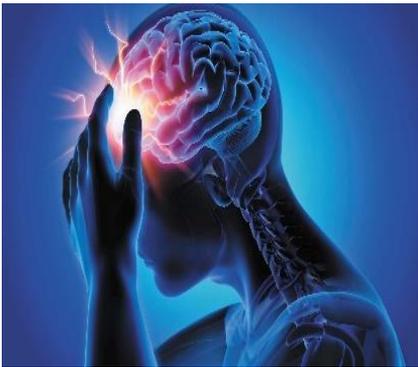
Introduction

What is a migraine and what are the symptoms or warning signs?

A migraine tends to be a very bad headache with a throbbing pain on one side of the head. You may get other symptoms just before a migraine, such as feeling very tired and yawning a lot, craving certain foods, or feeling thirsty, changes in your mood, a stiff neck or peeing more than usual.

You may also get warning signs you're about to have a migraine, such as problems with your sight, such as seeing zigzag lines or flashing lights, numbness or a tingling that feels like pins and needles, feeling dizzy, difficulty speaking. These warning signs are also known as 'aura' and they do not normally last for longer than an hour.

What causes a migraine?



During a migraine attack there are changes in brain chemicals [including serotonin/5HT and calcitonin gene related peptide (CGRP)], and in brain electrical pathways. A migraine attack occurs when internal or environmental triggers activate these chemical and electrical pathways.

What is the difference between chronic and episodic migraine?

If you have four or more migraine attacks each month but less than 15 headache days each month this is known as **episodic migraine**.

If you have more than 15 headache days each month, at least 8 of which are a migraine, and this has been the case for at least 3 months this is known as **chronic migraine**.

What is a headache diary and why is keeping one important?

Your healthcare professional will ask you to keep a headache diary to record details of your migraine attacks or headache. This can help:

- your doctor to make a diagnosis
- you to recognise triggers and warning signs
- to assess whether your acute or preventative medication is working
- to show any patterns to your migraine attacks.

A headache diary should be simple and record basic information which should include:

- Date / day of the week / duration (how long the attack lasted)
- severity (how bad the attack was using a severity scale of 0-10 where 0 is no pain and 10 is the worst possible and you are bed-bound)
- other symptoms (e.g., dizziness, vertigo, sensitivity to light, sound, smells)
- medication taken
- any side effects from medication
- any potential triggers for your migraine.

Standard treatment for acute migraine attacks

What is the standard treatment for acute migraine attacks?

You can help to reduce migraine attacks or reduce their severity by avoiding known headache triggers and making lifestyle changes. This includes:

- managing stress
- having a good sleep routine
- staying adequately hydrated and avoiding caffeine and alcohol
- having regular meals
- getting a good amount of exercise
- maintaining a healthy weight

Standard treatment for migraine attacks is taking simple painkillers when a headache comes on. These are non-steroidal anti-inflammatory drugs, such as aspirin or ibuprofen, and/or paracetamol.

You may also be prescribed anti-sickness medication such as metoclopramide or prochlorperazine. Even if you do not suffer from sickness, these help your stomach to empty and allow the painkillers to be absorbed as much as possible which improves their effectiveness.

If you do not respond sufficiently to these treatments, specialist migraine painkillers called triptans can be taken alone or in combination with simple painkillers and/or anti-sickness medications. There are different types of triptan and there is more information about this below. Triptans are available on prescription. You can also buy packs of sumatriptan containing two, 50mg tablets from a pharmacy without a prescription, but only if you have previously been diagnosed with migraines.

Opioid pain medication (e.g., codeine, tramadol, morphine) should not be taken to treat migraine headaches as their use poses a risk of medication overuse headache (see page 7) and they can worsen nausea.

Triptans

What are triptans?

Triptans are a group of medicines used to treat migraine or headache. They are also known as 5HT₁-receptor agonists, which refer to the particular substance in the brain (5HT or serotonin) on which the medicines act. Triptans do not prevent migraine or headache, but they act on the pain once a migraine or headache has developed.

When should triptans not be used?

If your healthcare professional is considering starting treatment with a triptan they will discuss the benefits and risks of treatment with you. Triptans should not be prescribed for anyone who has a history of angina (chest pain caused by reduced blood flow to the heart muscles), uncontrolled or severe high blood pressure, stroke or mini-stroke (including transient ischaemic attack [TIA]), or a previous heart attack. While triptans are not licensed for treating adults older than 65 years, there is no reason why they cannot be prescribed for older people if your healthcare professional considers they are suitable for you.

How should triptans be taken?

Triptans are more effective when taken early in a headache attack. You should take them when your headache pain starts, rather than during an aura. Triptans should only be taken on up to two days each week, but you can take up to two doses on any one day if needed. If the first triptan dose is not effective, you should not take a second dose for the same headache attack. If the first dose helps to relieve symptoms but symptoms recur, you can take a second dose provided there is a minimum of two hours between triptan doses (or four hours between doses if you are using naratriptan).

What should I do if a particular triptan tablet doesn't work for my acute migraine headache?

There are seven different triptans – sumatriptan, naratriptan, rizatriptan, frovatriptan, zolmitriptan, almotriptan, eletriptan. The response to different triptans can vary, and people who fail to respond to one triptan may respond to another one. Therefore, if you do not respond to one triptan after use in three separate attacks, your healthcare professional may consider an alternative triptan for you.

All triptans are available in tablet form. If vomiting prevents you from taking tablets by mouth, your healthcare professional will consider a non-oral formulation, such as a nasal spray (e.g. zolmitriptan) or an injection (sumatriptan).

The combination of a triptan and a non-steroidal anti-inflammatory drug (NSAID) such as ibuprofen or aspirin is more effective than taking either of these medicines separately. You can also take

anti-sickness medication in combination with a triptan. It is, however, important not to use anti-sickness medications regularly because they are associated with long-term side effects.

Rimegepant

What is rimegepant and when would it be considered for treating acute migraine attacks?

Rimegepant is a medication that acts by blocking the activity of a substance in the body called calcitonin gene-related peptide (CGRP). People who experience migraines may have increased levels of CGRP. CGRP also acts to send messages between the network of nerves causing your migraine pain. Blocking its activity may help stop an active migraine attack.

A healthcare professional will only consider rimegepant as a treatment option for acute migraine if:

- you have tried NSAIDs and at least two triptans which have not worked well enough; or
- you have a medical condition that makes triptans unsuitable (as described above).

If you have tried triptans and they haven't worked the prescriber will confirm with you that:

- you have taken triptans at the right time - early in a headache attack
- you have taken the most effective form of triptan, for example a nasal spray or injection if tablets make you vomit
- a combination treatment of triptans with simple painkillers/anti-sickness medication has been tried where appropriate.

Who can prescribe rimegepant for acute treatment of migraine?

Rimegepant can be prescribed by hospital specialists or primary care practitioners. You may be assessed by a GP, a specialist nurse or a specialist practitioner within a hospital setting.

As rimegepant is a new treatment, your GP may not feel they have sufficient knowledge and expertise to start treatment. They may need to seek advice and support from a specialist before starting treatment.

You may also be referred to a specialist service for review and consideration for treatment if there is any uncertainty about your migraine diagnosis or if you have a significant medical history and other health conditions.

When should rimegepant not be prescribed?

Your healthcare professional will discuss the benefits and risks of rimegepant treatment.

Rimegepant is not recommended for use in people with severe liver disease, end-stage kidney disease or if you are pregnant.

You should not take rimegepant if you have recently had severe cardiovascular or cerebrovascular problems. Rimegepant blocks CGRP and by doing so there is a concern that it will stop blood vessels from dilating and this ability is very important in any active vascular condition. Make sure that your healthcare professional is aware of any health problems you have if you think this is relevant to you.

Rimegepant interacts with some other medicines which may also mean it is not suitable for you. It is therefore important that the prescriber is aware of all other medicines you are taking, including those bought over the counter from a pharmacy or supermarket.

You should avoid drinking grapefruit juice on the day of treatment as this can also interact with rimegepant.

How should rimegepant be taken and in what dose?

Rimegepant is available as an oral tablet that melts in the mouth and is taken without liquid. It should be placed on or under the tongue and allowed to dissolve.

A single dose of 75mg can be taken for an acute migraine attack. This is the maximum daily dose so you must not take repeat doses in a 24-hour period.

What are the side effects of rimegepant?

Most people do not have adverse reactions to rimegepant. However, nausea has been identified as a common side effect which may affect up to 1 in 10 people. Some people have reported allergic hypersensitivity reactions, but these are uncommon. If you experience any symptoms of an allergic reaction, e.g. trouble breathing or severe rash, stop taking rimegepant and contact your healthcare professional immediately.

How will effectiveness of rimegepant be assessed?

It is important that you take rimegepant as advised by your healthcare professional. You should only continue taking it if it has given you a satisfactory response as a treatment for your migraine.

A satisfactory response is when your wellbeing has been significantly improved within two hours and is maintained for 24 hours. This can be shown by an improvement of headache pain, relief of non-pain symptoms (e.g. nausea, vomiting, sensitivity to light sound, smell and aggravation of symptoms on physical exertion) and absence of an adverse reaction.

The prescriber should issue you with an initial prescription for four x 75 mg doses of rimegepant. Your healthcare professional should arrange a follow-up review after two to four weeks, depending on the frequency of your migraine attacks, to assess whether you have had a positive response to rimegepant treatment and if you have had any side-effects.

You will be given a [patient questionnaire](#) to complete after each of your next four migraine attacks and your headache diary will also help evaluate your response to treatment. Your healthcare professional will want to know the following for each attack treated:

- if rimegepant significantly improved your migraine pain or most bothersome migraine symptom within two hours
- if you would have needed to take an additional rescue painkiller treatment for the attack treated with rimegepant if this was available
- if you remained free of bothersome migraine symptoms for 24 hours or more

If your migraine has responded well to rimegepant treatment on at least three out of four occasions, a further supply of four x 75mg rimegepant doses may be prescribed for you. This will be issued as an acute prescription initially. The healthcare professional looking after you will assess the ongoing effectiveness of rimegepant in treating your migraine before prescribing further supplies.

If you are using frequent rimegepant doses (more than four doses a month) for acute migraine attacks, then your healthcare professional will consider preventative medication for you if you are not already taking it.

If your response to rimegepant treatment is not adequate, then treatment will be stopped. If triptans are medically suitable for you, your healthcare professional may suggest trying a different triptan that you have not previously tried. Even if you have tried two or more triptans without success, this does not mean that another triptan cannot work.

Preventative treatment for migraines

What is the risk associated with taking painkillers too often?

Anyone regularly treating the symptoms of headache or migraine more often than two to three days a week can develop headaches caused by overuse of painkiller medication (known as medication overuse headache). When headache attacks need to be treated over four or five consecutive days, the total number of days with pain relief treatment per month should be reviewed. If someone is using simple painkillers on more than 10 days a month and/or triptans on more than eight days each month, the treatment itself may be affecting the frequency of headache.

In medication overuse headache, the headache is more difficult to control, and acute and preventative treatments are less effective. The only way to break this cycle is to stop the painkillers, which often leads to a worsening of symptoms for a couple of weeks before improvement is seen.

Medication overuse headache is particularly associated with opioid pain medication (e.g., codeine, tramadol, morphine) and these should not be taken to treat migraine headaches.

When would oral preventative treatments for migraine be considered?

If you suffer from migraine headache on more than four days a month your healthcare professional will consider preventative treatment for you, as well as the acute treatments you take when you have an attack.

Preventative treatment aims to make your migraine less severe or less frequent. It may also reduce the risk of getting medication overuse headaches from taking too many of the “acute” attack treatments.

Your healthcare professional will discuss the risks and benefits of preventative treatments before prescribing them. Unlike the acute attack treatments, a preventative treatment needs to be taken regularly, almost always every day, and they do not cause medication overuse headache. There are a number of oral preventative treatments, for example propranolol, amitriptyline, topiramate, candesartan and pizotifen.

The choice of preventative treatment depends mainly on whether you have other health conditions which might affect the choice, potential side effects from the treatment or potential drug interactions with existing medications you are already taking. Some preventative therapies are not recommended in pregnancy.

Preventive medicines will be increased slowly to an effective or maximum tolerable dose and continued for at least 8 to 12 weeks to adequately assess their effect. Keeping a headache diary will help to assess your response to preventative treatment. Gradual withdrawal of a preventative treatment may be considered after 6 to 12 months if it is effective in preventing your migraines as sometimes the medication is no longer needed to maintain your improved migraine control.

Specialist referral and treatment options

When might I be referred to a migraine specialist for review?

As mentioned above you may be referred to a specialist service at any point if your healthcare professional thinks you could benefit from specialist advice or if your circumstances change (e.g. pregnancy, new health condition).

If you have had three or more trials of different oral preventative therapy (at target doses and for three months) without benefit you may be referred to a specialist for advice on next steps or for consideration for specialist preventative treatments.

What specialist preventative treatments are available for migraine?

There are further standard oral preventatives which may be taken to prevent migraine, but these may only be started by a specialist. These include flunarizine and sodium valproate.

Specialists may also prescribe a number of specialist preventative treatments for chronic and episodic migraine in line with the recommendations for their use from the National Institute for Health and Care Excellence (NICE).

These specialist treatment options include injections of medicines that block the activity of calcitonin gene-related peptide (CGRP) in your body. These medicines, which include erenumab, galcanezumab, fremanezumab and eptinezumab, may be used to prevent migraine in people with a diagnosis of chronic or episodic migraine.

Rimegepant can also be used at a different dosing schedule to prevent migraine in those with episodic migraine.

Botulinum toxin injections may be used to prevent migraine in those with chronic migraine.

To be considered for these specialist treatments you will need to have tried three standard oral preventative treatments, at target dose and for a sufficient duration, without having an adequate response. You will also need to show that you are keeping an accurate headache diary.

The specialist will discuss the benefits and risks of the available treatments with you.

Further information on migraine and its treatment is available from the following websites:

Migraine from Patient Info UK: [Migraine leaflet](#)

Treatment of migraine from Patient Info UK: [Migraine treatment-medication and prevention](#)

NHS Health A-Z: [Migraine](#)

The Migraine Trust: [Migraine](#)

British Association for the Study of Headache Guidelines (BASH): [For headache sufferers](#)

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