Chronic Migraine Treatments

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Objectives

• Describe the prevalence and incidence of migraines.
• List the chronology of a migraine.
• Delineate the prophylactic and symptomatic drug regimens of migraines.

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• Identify self-treating patients with migraines who are appropriate for physician referral.
• Assist patients in the selection and use of non-pharmacologic treatment strategies for preventing migraines.
• Describe novel classes of selected investigational migraine therapies.
Prevalence/Incidence

- Headache in the US affects 30 million people\(^1\).
- 75% of these are women.
- Chronic headaches (headaches for more than 15 days per month) affects up to 4%.
- Overuse of analgesics risk factors increased.
- Onset between ages 15 – 35.
- Prevalence increases between 35 – 45 then decreases.

1. Ethaj BR. Migraine headaches

Percentage of persons aged ≥ 18yrs reporting severe headache or migraine during the preceding 3 mos – US 2004

Migraine Chronology

- Progression usually lasts 4 – 72 hour\(^1\).
- 5 distinct phases:
  - Prodrome
  - Aura
  - Headache
  - Resolution
  - Postdrome

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Tools for assessment

- Patient questions about symptoms:
  - triggers, family history and medication.
- Migraine Disability Assessment Scale (MIDAS)
  www.achenet.org/midas
- Henry Ford Headache Disability (HDI):
  www.cebp.nl/vault_public/file system/?ID=1354
- Migraine Prevention Questionaire – 5 (MPQ-5)

Prophylactic and symptomatic drug regimens

- Wenzel et al. pharmacist 4 question algorithm:
  1. What percentages of your headaches prohibit you from performing your daily tasks and/or are accompanied by vomiting?
  2. How many days per month are you completely headache free?
  3. What are the symptoms of your attacks?
  4. What OTC products have you tried in the past, and how have they worked?

Identify self treating patients

- Diagnosis – migraine
- Disability assessment – MIDAS/HDI
  - Low need - consider OTCs
  - Moderate need – consider OTCs, Rx
  - High need – consider abortive Rx, preventive Rx
Prophylatic pharmacotherapy
Acute Migraine OTCs

- Acetaminophen
- APAP/ASA/Caffeine
- ASA or APAP with butalbital/caffeine
- Isomethepten 65mg/ dicloralphenazone 100mg/ APAP 325mg (Midrin®)
- Ibuprofen
- Naproxen sodium
- Diclofenac Potassium

Acute Migraine Rx

- Ergotamine tartrate – PO, SL, rectal
- Dihydroergotamine – IM, IV, SC, nasal spray
- Serotonin agonists (triptans)
- Miscellaneous
  - Butorphanol nasal spray
  - Metoclopramide – IV
  - Prochlorperazine – IV, IM
Educating patients

- Incorporate the questions – MIDAS, etc.
- Discuss modifiable risk factors.
  - Analgesic overuse
  - Obesity
  - Caffeine use
  - Sleep patterns
  - Alcohol consumption
  - Missing meals

Educating patients

- Discuss potential triggers
  - Food triggers – chocolate, monosodium glutamate, diet foods, processed meats
  - Environmental triggers – glaring lights, loud noises, strong smells, smoke, weather changes
  - Behavioral – physiologic triggers – excess or insufficient sleep, fatigue, menstruation, menopause, stress.

Educating Patients

- Follow-up on evaluation of risks and or triggers with a migraine diary.
  - What was the cause
  - How did you treat the migraine
  - Route of administration for abortive therapies
  - Maximum drug dose and frequency
Discussing goals

- Motivational interview techniques.
- Migraine management and quality of life.
- Migraine management and work productivity.

Investigational therapies

- Abortive therapies:
  - Serotonin 5-HT\textsubscript{1} agonist – Lasmiditan
  - 5-HT\textsubscript{1} receptor agonist and neuronal nitric oxide synthase inhibitor - NXN-188
- Preventive therapies:
  - ACE inhibitors - Lisinopril
  - Sartans - telmisartan, candesartan
- Treatment of chronic migraine:
  - Hormone - Intranasal oxytocin

References

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