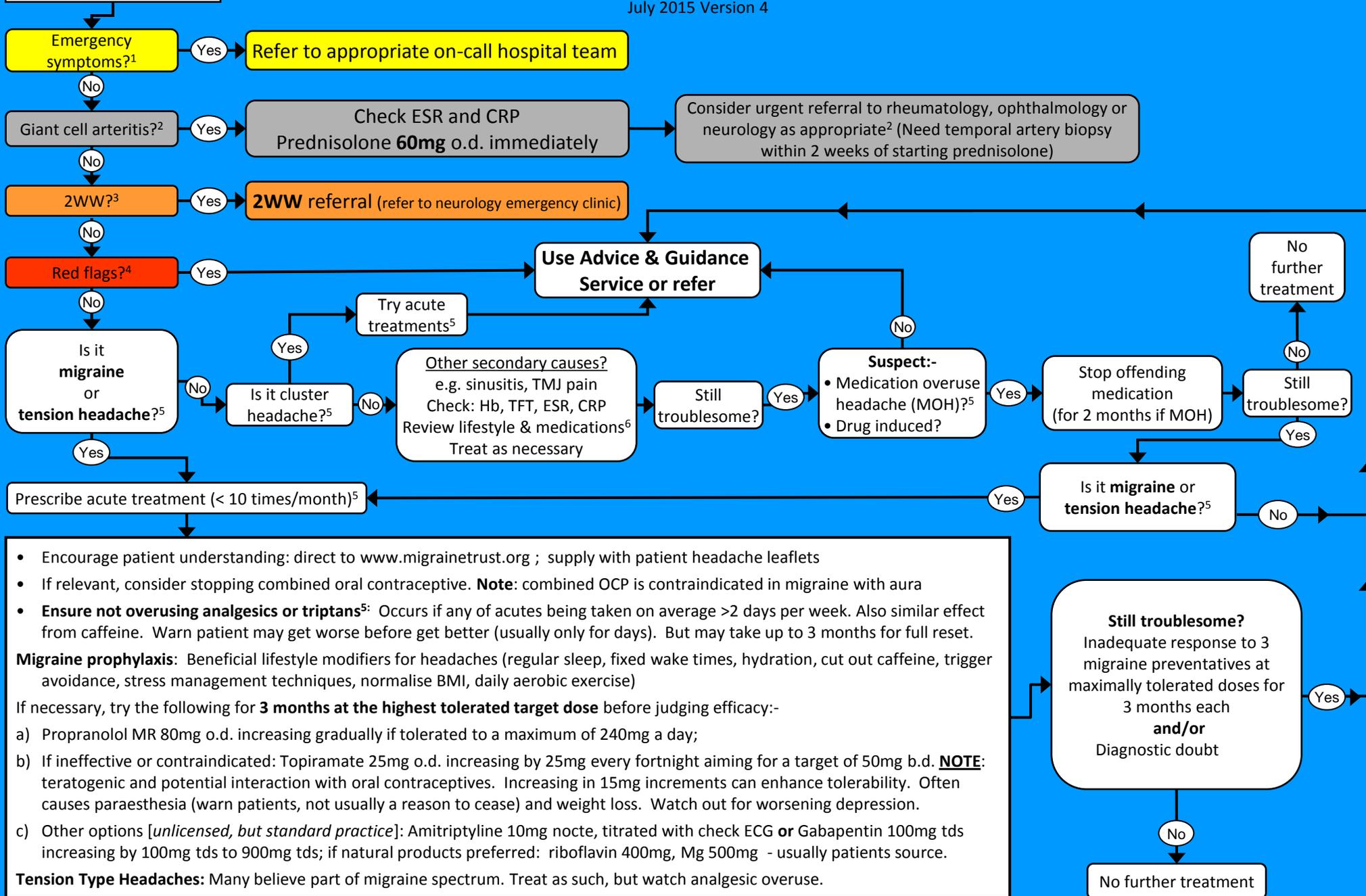


Northern England Headache Management Guideline

July 2015 Version 4

Adult with Headache



- Encourage patient understanding: direct to www.migrainetrust.org ; supply with patient headache leaflets
- If relevant, consider stopping combined oral contraceptive. **Note:** combined OCP is contraindicated in migraine with aura
- **Ensure not overusing analgesics or triptans⁵:** Occurs if any of acutes being taken on average >2 days per week. Also similar effect from caffeine. Warn patient may get worse before get better (usually only for days). But may take up to 3 months for full reset.

Migraine prophylaxis: Beneficial lifestyle modifiers for headaches (regular sleep, fixed wake times, hydration, cut out caffeine, trigger avoidance, stress management techniques, normalise BMI, daily aerobic exercise)

If necessary, try the following for **3 months at the highest tolerated target dose** before judging efficacy:-

- Propranolol MR 80mg o.d. increasing gradually if tolerated to a maximum of 240mg a day;
- If ineffective or contraindicated: Topiramate 25mg o.d. increasing by 25mg every fortnight aiming for a target of 50mg b.d. **NOTE:** teratogenic and potential interaction with oral contraceptives. Increasing in 15mg increments can enhance tolerability. Often causes paraesthesia (warn patients, not usually a reason to cease) and weight loss. Watch out for worsening depression.
- Other options [*unlicensed, but standard practice*]: Amitriptyline 10mg nocte, titrated with check ECG **or** Gabapentin 100mg tds increasing by 100mg tds to 900mg tds; if natural products preferred: riboflavin 400mg, Mg 500mg - usually patients source.

Tension Type Headaches: Many believe part of migraine spectrum. Treat as such, but watch analgesic overuse.