

PRIMARY CARE MANAGEMENT GUIDELINES

Headaches – Migraines

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NATIONAL GUIDELINE

DISTRICT HEALTH BOARD: National

Symptoms suggestive of migraine such as visual disturbance, photophobia, nausea and vomiting.

CLINICAL PROBLEM
(Clinical Determinants)

ACTIONS

LOCAL IMPLEMENTATION
REQUIREMENTS

SYMPTOMS SUGGESTING OTHER SERIOUS CAUSE FOR HEADACHE

Acute attacks with any of:

- neurological symptoms lasting more than 45 min
- described as worst headache ever
- described as not usual migraine
- recent (<1 week) trauma
- rash
- decreasing level of consciousness
- fever
- disorientation
- neck stiffness
- papilloedema

Acute referral

SYMPTOMS SUGGESTING MIGRAINE¹ E.G. NAUSA & VOMITING, AURA, PHOTOPHOBIA, PULSATING CHARACTER

Acute attacks

Acute Treatment

- Dark room and sleep
- Aspirin 900mg (or other NSAID) + metoclopramide 10mg

Rescue Treatment²

- Diclofenac 75mg IM
- Sumatriptan 6mg subcut
- Sumatriptan 50-100mg oral (much less effective than subcut sumatriptan)
- Maxalt wafer 10mg stat (non-subsidised)
- OR Chlorpromazine 12.5mg IV over 5 minutes

Severe, unremitting acute attack

- Refer to Emergency Department

[contact details for ED if required locally]

Acute attacks more than 3 per month and acute treatment ineffective

Prophylaxis therapy:³

- Amitriptyline
- Imipramine
- Propranolol
- Verapamil
- Sandomigran

Symptoms not controlled with above, where at least two prophylaxis drugs have been tried, at maximal dose, for 3 months each

Consult Specialist

[Neurology Clinic or medical clinic, local details inserted]

SEE NOTES ON REVERSE >>>

NOTES:

1. **Migraines** – headaches lasting 4-72 hours with two of the following characteristics:
 - generally (but not always) localised to one side of the head
 - pulsating or bursting or intense character
 - severe enough to inhibit daily activity
 - aggravated by physical activity
 - accompanied by nausea and vomiting and hypersensitivity to light or noise
 - duration less than 72 hours
 - preceding aura (visual, smell, auditory). One or more fully reversible aura symptoms indicating focal cerebral cortical and/or brain-stem dysfunction. At least one aura symptom develops gradually over more than 4 minutes, or two or more symptoms occur in succession. No aura symptom lasts more than 60 minutes; if more than one aura symptom is present, accepted duration is proportionally increased.

2. **Acute migraine treatment:**
 - Sumatriptan 50-100mg orally stat, can be repeated after one hour, with a maximum dose of 300mg in 24 hours. If vomiting or oral dose ineffective use 6mg sub-cut Sumatriptan.
OR
 - Maxalt 10mg wafer (nonsubsidised).
OR
 - Chlorpromazine 12.5mg IV over 5 minutes, repeated at 20 min intervals up to total dose of 37.5mg (watch for postural hypotension, patient may need 500ml normal saline IV).
OR
 - Dihydroergotamine 0.5mg sub-cut as test dose. If tolerated follow in 1 hr with 0.5-1mg IV four times daily. Do not use within 24 hrs of triptans (sumatriptan or Maxalt®). Stop if limb pain, coldness or pallor

3. **Migraine prophylaxis:**
 Try each drug by gradually increasing dose to maximum tolerated, or recommended maximum daily dose is reached. Continue at that dose for 8 weeks, noting frequency of attacks. Discontinue at this time if ineffective. If effective, continue for 6-8 months then attempt slow withdrawal.

| Drug | Starting dose | Incremental dose | Increase every | Maximum |
|--|---------------|------------------|----------------|-------------------------|
| Amitriptyline | 10mg night | 10mg | 3-7 days | 150mg daily |
| Imipramine (less sedating, fewer anticholinergic side effects, no RCT confirming efficacy) | 10mg night | 10mg | 3-7 days | 150mg daily |
| Propranolol SR (can be tried in conjunction with amitriptyline) | 40 mg/day | 40mg | 5 days | 160mg twice daily |
| Verapamil SR | 40 mg/day | 40mg | 3 days | 120mg three times daily |
| Pizotifen | 0.5mg / night | 0.5mg | 5-7 days | 4mg daily |

REFERRAL LETTER INFORMATION

- Demographics
- Specific critical determinants leading to referral; include ESR, medications used, doses, duration of each

REFERENCES

Clinch CR. Evaluation of acute headaches in adults. Am Fam Physician 2001;63(4):685-92.

ADDITIONAL INFORMATION

The Elective Services National Referral Guidelines & Clinical Priority Assessment Criteria and the Headaches-Migraines Primary Care Management Guidelines can be found at: www.electiveservices.govt.nz

This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.