Acute Medication for Migraine

Acute medicines for migraine can help stop or shorten the symptoms of a migraine attack. You take them after an attack starts, not before. They should take effect quickly.

There are different acute medicines you can take. They vary in strength, and you should match the severity of the symptoms of a migraine attack with the strength of the medicine. You should discuss this with your doctor.

Types of acute medicine

**Simple analgesics**

Analgesics treat the pain of a migraine attack at the time they are taken. This type of medicine includes paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen.

Analgesics do not contain opioids like codeine. Painkillers that contain opioids are best avoided in migraine as any benefits may only last a short time and they can be addictive.

**Anti-emetics**

Anti-emetics treat the sickness (nausea and vomiting) that some people get with migraine attacks. They are also known as ‘anti-sickness’ medication.

During migraine attacks, your gut takes longer to absorb things. Antiemetics can improve how you absorb other medication. Anti-emetics such as metoclopramide and domperidone help your body absorb analgesics. You should take anti-emetics before or at the same time as any analgesics you’re taking for a migraine attack. Metoclopramide is not suitable for children and young people. It is associated with side effects that result in temporary symptoms such as muscle spasms and problems with balance.

**Triptans**

Triptans are medicines specially designed to treat migraine. They reduce the pain and sickness of a migraine attack at the time they are taken. You should take triptans at the start of the head pain. If they work, but the pain comes back, you can usually take a second dose after a minimum two-hour gap.

Common side effects of triptans include nausea; jaw, neck or chest tightness, pressure or squeezing; rapid heart rate; fatigue; numbness or tingling (especially in your face); or a burning sensation on your skin. If you find the side effects too much, contact your doctor for a medication review.

You should also talk to your doctor if the triptan you’ve been prescribed doesn’t work. You should try it for three separate migraine attacks before deciding if it’s suitable for you. Ask your doctor if you can try a different one that may be more effective and have fewer side effects. You could also try other ways of taking triptans, such as a nasal spray or a tablet that dissolves on your tongue.
Triptans are very safe when used as prescribed. But they should be avoided by people with coronary heart disease, cerebrovascular disease, peripheral vascular disease, uncontrolled hypertension or acute vascular conditions.

**Combining acute medication**

It is possible to combine a triptan with a NSAID, especially if you have recurring migraine attacks or ones that last longer.

Several combined medicines are available. These often contain aspirin or paracetamol and may be combined with caffeine and/or an anti-emetic.

Paracetamol on its own is generally not effective for migraine attacks. Treatments such as Migraleve or Migramax combine paracetamol with codeine to work better, but codeine is best avoided in migraine treatment because of the risk of dependency and other effects.

**Effects of acute migraine medicines**

Using acute treatment like triptans on more than eight days a month can result in your migraine attacks getting worse and more frequent and reduce the effect of any preventive treatment you take. Frequent use of some acute medications for migraine – particularly ergotamine, triptans, codeine, paracetamol, NSAIDs and caffeine – can lead to chronic daily headache or medication-overuse headache in some people.

If you’re experiencing four or more migraine attacks each month, you should first consider preventive treatment to avoid attacks. Our factsheets on preventive medication and treatment options explain what’s available.