

Preventive medication for Migraine

Preventive medicines (also known as prophylactics) for migraine are taken every day to stop migraine attacks altogether or at least reduce their frequency and severity.

If you're having four or more migraine attacks a month you may wish to discuss preventive medication with your doctor, who can prescribe different types.

Other preventive treatments that some people with migraine may be offered include Botox, CGRP, greater occipital nerve (GON) blocks, and neuromodulation devices. These are usually only available through a headache specialist or consultant neurologist. You can find further details in our other factsheets.

What types are there?

The preventive medicines recommended for treating migraine fall into seven categories. Most of them are also used for other conditions, but new treatments are becoming available in the UK that are specifically meant for migraine.



Angiotensin II blockers

Angiotensin II blockers are also known as angiotensin receptor blockers (ARBs). They are mainly used in the treatment of high blood pressure (hypertension) and heart failure. One type, candesartan, can help reduce migraine.

ACE inhibitors work in a similar way and one of these, lisinopril, can be an effective treatment for migraine too.

Anticonvulsants

Anticonvulsants are used to treat several conditions, including epilepsy, and are also known as 'anti-epileptics'.



Two types of anticonvulsant can also be taken to help reduce migraine. These are topiramate and sodium valproate.

However, valproate can cause neurodevelopmental disability in unborn babies. So, girls and women of childbearing potential should only take this type of anticonvulsant if they are prescribed it and because they have not tolerated other migraine medications or

found these effective. A specialist must supervise their treatment.

Anti-serotonergic drugs

Anti-serotonergic are used in the treatment of depression. They can also help reduce migraine.

Beta blockers

Beta blockers are used to treat high blood pressure and heart problems.

They can help reduce migraine but should be avoided by people with asthma. Examples of beta blockers are propranolol, metoprolol, nadolol, timolol and atenolol.



CGRP mAbs

Calcitonin gene-related peptide (CGRP) monoclonal antibodies (mAbs) are a new type of treatment, the first preventive medicines specifically developed for migraine. You can find out more in our CGRP factsheet.

Calcium channel blockers

These are also called calcium channel antagonists. They are used to treat conditions of the heart and blood vessels. They work by blocking dopamine receptors in the brain and can help reduce migraine.

Tricyclic antidepressants

Tricyclic antidepressants are used in the treatment of depression and can be particularly helpful for people with migraine who also have difficulty sleeping. Amitriptyline is an example of this type of antidepressant.



How to take preventive medication



It is important to discuss the side effects of each preventive medicine with your doctor when deciding which one to take, and for any side effects you experience to be monitored.

You'll often start of a low dose and gradually increase. This can help to minimise side effects.

It can take six to eight weeks to get to the correct dose and see what effect the medication is having. Ideally, you should take a preventive medicine for three months to assess if it has helped your migraine.

Drugs and new treatments for migraine are changing all the time. If you are on long-term medication you should ensure that your treatment is regularly reviewed by your doctor.

The Migraine Trust can be contacted on **0808 802 0066** (Monday to Friday, 10am to 4pm) or through our contact form and Live chat service found on our website at **migrainetrust.org** or by emailing **info@migrainetrust.org**.



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