What is Botox?
Botox is a type of nerve toxin that paralyses muscles. It comes from bacteria called Clostridium botulinum. It was found to be effective for people with migraine while being used in cosmetic treatment. People who had Botox experienced fewer headaches.

Doctors think it works by blocking chemicals called neurotransmitters that carry pain signals from within your brain. The same toxin is used to treat other health conditions such as cerebral palsy, bladder pain, lower back pain, neuropathic pain and stroke.

When is Botox used?
Botox is approved for use on the NHS for the treatment of chronic migraine in adults. Chronic migraine is defined as having at least 15 headache days a month, with at least eight of those featuring migraine symptoms.

It is not recommended for episodic migraine (when attacks are less frequent) and other types of headache.

Who can have Botox?
Botox is only available on prescription based on certain criteria.

In England, Wales and Northern Ireland, it is recommended for people with chronic migraine who have already tried at least three other preventive treatments that haven’t been effective. In Scotland, Botox is approved for chronic migraine when people have failed to respond to three oral preventive treatments and any medication overuse has been managed.

If you think you are eligible for Botox and would like to be considered for treatment you can ask for a referral to a specialist. The specialist will assess your history and symptoms to make sure Botox is an appropriate treatment option for you. You will usually be asked to keep a ‘headache diary’ to monitor the treatment’s effectiveness.

If Botox doesn’t work for you, or stops working, your specialist will discuss other possible treatments with you. Our factsheets on medication and treatment options outline some of these.
Will it work for me?
Botox aims to reduce how often you have migraine attacks and how severe they are. Most people have at least two treatment cycles before deciding if Botox works effectively for them. A good response to Botox is usually a 30–50% reduction in how many headaches you have. Doctors will also consider any other improvements you experience. Some people notice an improvement in their quality of life with Botox even if they don’t have a big reduction in headache days. Botox is well tolerated by most people. The most common side effects include neck pain, muscular weakness and drooping eyelids. These side effects are temporary because Botox wears off over time.

How is Botox given?
The guidelines recommend Botox is given as a series of 31–39 small injections. These are given under the skin or into the muscles in and around the forehead, above the ears and in the neck. The person doing your treatment will have been trained to provide Botox for chronic migraine. Injections are given every 12 weeks. Botox is usually given until your migraine frequency has changed to episodic migraine for three months in a row or there has been a significant improvement in your quality of life. You may be asked to fill in regular questionnaires so improvements can be monitored. Botox may be stopped if it doesn’t treat your migraine effectively enough.