

Preventive medicines for migraine

Preventive medicines for migraine are medicines you take regularly to help prevent migraine attacks. They aim to reduce how many migraine attacks you get and how severe they are.



When to take preventive medicines

Preventive medicines may help if:

- you are having frequent migraine attacks (eg, four or more days with migraine a month)
- migraine is having a big impact on your daily life
- acute medicines are not helping, even at the maximum doses you can tolerate
- you are regularly taking acute medicines on more than two days a week.

Talk to your GP to discuss whether preventive medicines would be a good option for you.



Choosing a preventive medicine

There are several different types of preventive migraine medicine. We list these on the next page. Your doctor will assess several things when deciding which medicine to prescribe. These include:

- whether you have any other health conditions
- if you are taking any other medicines
- the side effects associated with the medicines
- other reasons that may prevent you from taking a medicine, such as pregnancy.

You should also have a say in which medicines you would prefer to take.



Taking a preventive medicine

You will often start with a low dose of your medicine, with a plan to increase it if needed. This can help to minimise side effects. It can take up to eight weeks to see any impact from the medication. Ideally, you should take a preventive for at least three months to assess if it has helped.

If your preventive migraine medication is not helping, talk to your doctor. They can review whether they may be able to increase your dose or try a different treatment. They may also suggest a combination of treatments.



Types of preventive medicines

There are several different types of preventive migraine medicine. Some can only be prescribed by a specialist. The most common ones are listed below.

Angiotensin II blockers & ACE inhibitors	<ul style="list-style-type: none">• Includes candesartan, lisinopril.• Daily tablets by mouth.
Anticonvulsants/ anti-epileptics	<ul style="list-style-type: none">• Includes topiramate, sodium valproate.• Daily tablets or liquids by mouth.• Restrictions in pregnancy and women of child-bearing age.
Beta blockers	<ul style="list-style-type: none">• Includes propranolol, metoprolol, atenolol, nadolol, timolol.• Daily tablets by mouth.
Botox injections	<ul style="list-style-type: none">• Injections into muscles, every 3 months.• Approved for chronic migraine only (15 or more headache days a month).
CGRP monoclonal antibodies	<ul style="list-style-type: none">• Includes erenumab, fremanezumab, galcanezumab and eptinezumab.• Injections under the skin every month or infusion into a vein every 3 months.
Calcium channel blockers	<ul style="list-style-type: none">• Includes flunarizine.• Daily tablets by mouth.
Gepants	<ul style="list-style-type: none">• Includes atogepant, rimegepant.• Tablets by mouth, daily or every other day.
Greater occipital nerve block injections	<ul style="list-style-type: none">• Injection around a nerve, every 3 months.
Serotonin antagonists	<ul style="list-style-type: none">• Includes pizotifen.• Daily tablets by mouth.
Tricyclic antidepressants	<ul style="list-style-type: none">• Includes amitriptyline, nortriptyline.• Daily tablets by mouth.

Find out more

You can read more about preventive medicines and different treatment options on our website at:

- migrainetrust.org/preventive-medicines
- migrainetrust.org/treatments

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Reviewed by: The Migraine Trust Information and Support Services Team and Reviewer Panel.

If you have feedback on our information, please get in touch at: feedback@migrainetrust.org

Contact our Helpline on **0808 802 0066** (Monday to Friday, 10am to 4pm) or through our contact form and Live Chat service at migrainetrust.org/support. You can also email us at info@migrainetrust.org.

