10 Top Tips for Managing Migraine in Primary Care

1 The history is key. Don't request neuro-imaging for reassurance only - if your clinical history and examination is consistent with migraine with no concerning features, you can do more harm than good by requesting imaging due to finding incidental abnormalities.

2 Make a positive diagnosis of migraine and reassure your patient that sinister pathology has been excluded. Migraine is a severe and painful long-term health condition. Migraine attacks can be a whole-body experience. Migraine attacks usually last for between four hours and three days. Some symptoms may start about 24 hours before head pain, and end about 24 hours after the pain stops.

3 Ensure simple analgesics (for ANY reason) are used less than 15 days per month, and triptans or opiates (for ANY reason) are not used more than 10 days per month as these are known to cause chronic headache and the only treatment for this is stop the medication for a period of 8 weeks and manage withdrawal symptoms. Limiting acute treatment to no more than 2 days per week will help patients easily achieve this.

4 Use combination acute treatment if needed, including an analgesic, an anti-emetic and a triptan, and advise these are taken early because they work best when taken in this way. If one triptan is ineffective do try others as failure is not a class effect. If two triptans are unsuccessful consider referral to gepant medications to abort migraine.

5 Manage co-morbid anxiety and depression which are more common in migraine. Treat other co-morbidities such as bothersome musculoskeletal neck problems.

6 Migraine can be managed with lifestyle modifications, and acute and preventive treatment. Advise regular food and fluid intake, exercise, regular sleep cycles, minimise caffeine, alcohol and smoking where possible and minimise known triggers.

7 Agree a shared management plan and monitor the outcome from this using a calendar or diary. Follow up is important or people feel abandoned and treatment adherence wanes.

8 Direct your patient to information and support at The Migraine Trust **migrainetrust.org/get-support** or give them their helpline number **0808 802 0066**.

9 If preventive medication is needed it should be selected according to the patient's other medications, co-morbidities and preferences. Slowly increase to maximum tolerated doses and continue for 2-3 months to see if it is effective. Advise patients it won't stop all migraine attacks, so rescue treatment is also required. If one preventive is ineffective after a full trial, move to the next. Failure to respond to preventive treatment does not usually mean the diagnosis is wrong, as preventives don't work for everyone. However, if three preventive treatments fail, consider referral to check diagnosis and try newer migraine treatments including oral gepants, injectable CGRP monoclonal antibody therapies or Botox treatment.

10 Consider reducing and stopping the treatment when migraine has been in remission for 3-6 months. Migraines can fluctuate between exacerbations and more settled periods. Preventive treatment can be re-started if necessary in future exacerbations.

The Migraine Trust is grateful to Dr Kay Kennis (GP with a special interest in headache) and Ria Bhola (Headache Nurse Specialist) for their help in writing this material.

For information and support call
0808 802 0066

the migraine trust