

Quick Reference: MEDICATIONS RECOMMENDED FOR HEADACHE MANAGEMENT IN ADULTS

Table 1: Migraine

Refer to full guideline for migraine treatment in pregnancy and lactation

10010 21	Wilgrame					
Acute Mi	igraine Medication				_	
1 st line	ibuprofen 400 mg, ASA 1,000 mg, naproxen sodium 550 mg, acetaminophen 1,000 mg, diclofenac 50 mg					
2 nd line	Triptans: oral sumatriptan 100 mg, rizatriptan 10 mg, almotriptan 12.5 mg, zolmitriptan 2.5 mg eletriptan 40 mg, frovatriptan 2.5 mg, naratriptan 2.5 mg Subcutaneous sumatriptan 6 mg if vomiting early in the attack. Consider for attacks resistant to oral triptans. Oral wafer: rizatriptan 10 mg, zolmitriptan 2.5 mg, if fluid ingestion worsens nausea Nasal spray: zolmitriptan 5 mg, sumatriptan 20 mg, if nausea Antiemetics: domperidone 10 mg, metoclopramide 10 mg, for nausea					
3 rd line	550 mg naproxen sodium in combination with triptan					
4 th line	Fixed-dose combination analgesics (with codeine if necessary - not recommended for routine use)					
Prophylactic Migraine Medication		Starting Dose	*Titration: Daily Dose Increase	Target Dose / Therapeutic Range	Notes	
1 st line	propranolol	20 mg bid	40 mg/week	40-120 mg bid		
	metoprolol	50 mg bid	50 mg/week	50-100 mg bid	Avoid in asthma	
	nadolol	20-40 mg once daily	20 mg/week	80-160 mg daily		
	amitriptyline	10 mg hs	10 mg/week	10-100 mg hs	Consider if depression, anxiety, insomnia	
	nortriptyline	10 mg hs	10 mg week	10-100 mg hs	or tension-type headache	
2 nd line	topiramate	25 mg once daily	25 mg/week	50 mg bid	Consider 1 st line if overweight	
	candesartan	8 mg once daily	8 mg/week	16 mg once daily	Few side effects; avoid in pregnancy or when pregnancy is planned	
	lisinopril	10 mg once daily	10 mg/week	20 mg once daily	More side effects than candesartan; avoid in pregnancy or when pregnancy is planned	
Other	divalproex sodium	250 mg once daily	250 mg/week	750-1,500 mg daily, divided bid	Avoid in pregnancy or when pregnancy is planned	
	pizotifen	0.5 mg daily	0.5 mg/week	1-2 mg bid	Monitor for somnolence and weight gain	
	OnabotulinumtoxinA	155-195 units	No titration	155-195 units	For chronic migraine only – headache on	
			needed	every 3 months	≥15 days per month	
	flunarizine	5-10 mg hs		10 mg hs	Avoid in depression	

*Titration: Dosage may be increased every two weeks to avoid side effects

37.5 mg once daily

300 mg bid

400 mg daily

100 mg tid

- For most drugs, slowly increase to target dose
- Therapeutic trial requires several months

magnesium citrate

co-enzyme Q10

- Expected outcome is reduction, not elimination of attacks
- If target dose not tolerated, try lower dose
- If med effective and tolerated, continue for at least six months

and/or anxiety

Consider in migraine with depression

Efficacy may be limited; few side effects

• If several preventive drugs fail, consider specialist referral

Table 2: Tension-Type Headache

venlafaxine

riboflavin

Acute Medication

Over

the

Counter

- ibuprofen 400 mg
- ASA 1,000 mg
- naproxen sodium 550 mg
- acetaminophen 1,000 mg

Prophylacti	c Medication
a St 1.	

1 st line	amitriptyline 10-100 mg hs	
	OR	
	nortriptyline 10-100 mg hs	
	mirtazapine 30 mg hs	
2 nd line	mirtazapine 30 mg hs	
2 nd line	mirtazapine 30 mg hs OR	

Table 3: Cluster Headache (consider early specialist referral)

150 mg once daily

300 mg bid

400 mg daily

100 mg tid

Acute Medication

37.5 mg/week

No titration

needed

- subcutaneous sumatriptan 6 mg
- intranasal zolmitriptan 5 mg or sumitriptan 20 mg
 OR

100% oxygen at 12 litres/minute for 15 minutes through non-rebreathing mask

*Prophylactic Medication

1° line		
2 nd line lithium 900-1,200 mg per day		
Other	topiramate 100-200 mg per day OR melatonin up to 10 mg hs	

*Note: If more than two attacks per day, consider transitional therapy while verapamil is built up (e.g., prednisone 60 mg for five days, then reduced by 10 mg every two days until discontinued, or occipital nerve blockage with steroids by trained physicians).

Abbreviations: hs – at bedtime; bid – twice a day; tid – three times a day

September 2016

