



Preventive Treatments. Migraine

The Approach to prescribing a preventive treatment

Prescribing decisions should be made with reference to the patient's current clinical situation and their future plans (e.g. pregnancy or contraception).

Explain that acute treatment on more than 2 days per week is associated with medication overuse, which renders preventive treatment less effective.

When should I prescribe a preventive treatment?

Preventive treatment should be offered as an option to patients with 4 or more migraine days a month as this frequency is associated with significant disability.

This approach will also mitigate the risk of escalation of acute treatment and consequent development of medication overuse headache.

Preventive medications must be titrated slowly to an effective or maximum tolerable dose and continued for at least 6-8 weeks to adequately assess effect.

A headache diary may help evaluate response to treatment.

Consider gradual withdrawal after 6-12 months of effective preventive.

Considering monitoring quality of life through validated tools such as HIT-6



How do I choose which preventive treatment to prescribe?

As there are relatively few head to head comparative studies, the choice of preventive depends primarily upon the side-effect profile of the drug and co-existing morbidities.

Please consult the treatment algorithms in the guidelines/on the website for specific preventives

Giving the patient written information

When considering a preventative it may be helpful to supplement the “in clinic” discussion with patient information sheets on the individual treatments in question- available on this site