Treatment options

There are a wide range of treatment options available for migraines including prophylactic medications to decrease the number of migraines and abortive medications you take only when a migraine starts.

Abortive Medication

- NSAIDs including aspirin, ibuprofen, and naproxen have shown benefit
- Acetaminophen can be used in combination with NSAIDS
- Triptans: there are a number of triptan medications you can obtain through prescription

Preventative Medication

There are many options available for you to try to prevent migraines.

- First line medications involve Propranolol, Amitriptyline, and Topiramate
- Second line medications involve Valproic acid, Verapamil, Gabapentin, Magnesium, Riboflavin, Butterbur, Candesartan, other beta blockers and other tricyclic antidepressants
- Butulinum toxin type A (Botox) has been shown to be effective only for chronic migraine

Speak with your doctor about the treatment option that would be best for you.

Botox Injection

Botox injection has been shown to decrease chronic migraines in patients that have not had success with other treatment options. Research shows these injections decrease pain response in the Dura.

Non-Pharmacologic Options

There are a number of things you can do on your own to help your migraines. Identifying and avoiding migraine triggers is often one of the first steps to take. A headache log can help you to identify your triggers. Stress reduction has been found to be very beneficial in controlling migraines. Steps to take can include:

- Improving sleep hygiene, having routine meal schedules, and regular exercise.
- Acupuncture and massage have been shown to reduce migraine frequency.
- Behavioral therapy is suggested by the Academy of Neurology. Options include relaxation training, cognitive-behavioral therapy, and biofeedback training.
- Occipital nerve stimulation has had some success in small trials.
What causes migraines?
Migraines are intensely painful headaches that can last for hours or even days. They are often preceded by an aura that can include visual or auditory changes, nausea, vomiting, sensitivity to light and loud sounds. Current research points towards migraine headache starting deep in the brainstem and spreading through the cortex. This phenomenon, known as cortical spreading depression, depolarizes the neurons and glial cells in your brain in successive waves. The Trigeminal Ganglion system - the sensory system for the majority of the head - is activated in the brainstem and spreads to the brain and the dura. This activation leads to release of important molecules including Substance P, CGRP and neurokinin A. The elevated levels of these molecules cause neurogenic inflammation and blood vessel dilation that leads to the pain and aura.

What causes chronic migraines?
Chronic migraines are a subtype of migraine that occur more frequently and for longer duration. The change from episodic migraine to chronic migraine is not completely understood, but it is thought to be similar to other chronic pain disorders like fibromyalgia and chronic pain syndrome where central sensitization occurs. Neurons become increasingly sensitized to pain stimulation and thresholds for activation of the Trigeminal system are decreased. Chronic migraine sufferers have been found to have increased levels of Substance P, CGRP and neurokinin A in the spinal fluid suggesting that the neurogenic inflammation is long-term and chronically activated.

How to diagnose chronic migraine
Only your doctor can diagnose you with chronic migraine, but you can complete an ID-CM to check for chronic migraine symptoms. Keeping a headache log with information on duration, location, frequency, and the environment you were in can also be helpful. Migraines are often started by ‘triggers’ which can be different for every person; a log can help you to identify your triggers.

Key findings of chronic migraine
A typical diagnosis of chronic migraine requires these findings:
- Headache for at least 15 days per month
- Migraine symptoms in 8 of those days
- Consistent for at least 3 months
- No other diagnosed headache disorder or explanation for headache

More Information
MigraineTrust.org
AmericanMigraineFoundation.org
Headaches.org