

## Headache Treatment

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### Tension-type headache

- Acute
  - NSAID'S, paracetamol
- Non-pharmacological??
  - Relaxation exercises
- Prophylactic: Tricyclics
  - amitrip/dothiepin 1-1.5 mg/kg

*But little evidence for anything else...*

### Migraine: acute

- NSAID (or paracetamol)
  - Soluble
  - Large dose (900mg aspirin, 600mg ibuprofen)
  - + domperidone
- NSAID suppositories
  - diclofenac (+ domperidone)
- Triptan
- Status migrainosus rescue
  - chlorpromazine

### Migraine: acute

strategies for success

- Treat as early as possible
- Triptans: for headache NOT aura
- Use a gastric motility agent (even if no nausea)
- Beware escalation of analgesics
- Maintain normal sleep/wake cycle

### Which triptan?

- Suma, zolmi, nara, riza, almo, ele, frova...
- Choice based on
  - Efficacy (pain free, recurrence rate)
  - Consistency
  - Tolerability
  - Formulation
  - Cost
  - Interactions:
    - propranolol & rizatriptan
    - eletriptan & p450

### Compared to sumatriptan 100mg

	efficacy	tolerability
riza 10mg	↑	→
ele 80mg	↑	↓
almo 12.5mg	→	↑
zolmi 2.5, 5, ele 40, riza 5	→	→
suma 25, ele 20, nara 2.5, frova 2.5	↓	↑
	frova ↓ recurrence	

### Migraine prophylaxis:

- Tricyclics
  - Up to 1 - 1.5mg/kg
  - 12 hrs before rising
- Beta-blockers: propranolol 40 - 80mg bd
- Valproate 200 mg bd up to 600mg bd
- Pizotifen 0.5 mg up to 4.5 mg

### Migraine prophylaxis:

strategies for success

- Exclude analgesic overuse
- Review previous prophylactics tried
  - Tried without analgesic overuse?
  - Dose (max dose?)
  - Duration (3 months?)
- Let patient choose: side effect profile

### Lifestyle

- Regularity
  - Sleep
  - Meals
  - Caffeine
  - Stress
  - Exercise
- Diet? – no evidence


### Cluster headache: acute

- s/c sumatriptan
- High flow oxygen
- Lignocaine

*OUCH (UK)*


### Cluster headache: prophylaxis

- Steroids
- Verapamil – up to 960 mg. *ECG !*
- Lithium
- Methysergide

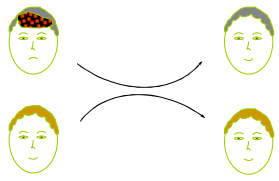


### Chronic Daily Headache

An infectious condition or professional hazard?



### Chronic Daily Headache



### Chronic Daily Headache Management

- Diagnosis
- Treatment
- Review of treatment
- Rethink diagnosis

### Chronic Daily Headache drug history

- Concomitant medication
  - Probe the handbag!
- Previous prophylaxis: duration, dose

### Medication withdrawal: strategies for success

- Explain mechanism
- Stop all medication (opiates & BZPs slowly)
- Treat rebound headache with long-acting NSAID
- Early prophylaxis

### Chronic Daily Headache Management

- Re-define treatment goal: significant reduction in
  - pain severity
  - interference with daily activities
  - but possibly no cure
- behavioural / cognitive therapy

### Chronic Daily Headache Management: pharmacological

- Tricyclics
- Sodium valproate
- Start slowly
- 2-3 months each
- 6 months control

