

# Migraine management

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# Migraine – criteria

## **Diagnostic criteria:**

**A. At least five attacks** fulfilling criteria B–D

**B. Headache attacks lasting 4-72 hours** (untreated or unsuccessfully treated)

**C. Headache has at least two** of the following four characteristics:

1. unilateral location
2. pulsating quality
3. moderate or severe pain intensity
4. aggravation by or causing avoidance of routine physical activity (walking or climbing stairs)

**D. During headache at least one** of the following:

1. nausea and/or vomiting
2. photophobia and phonophobia

**E. Not better accounted for by another ICHD-3 diagnosis.**

# Migraine – ICHD-3 code diagnosis

## 1. Migraine

### 1.1 Migraine without aura

### 1.2 Migraine with aura

#### **1.2.1 Migraine with typical aura**

1.2.1.1 Typical aura with headache

1.2.1.2 Typical aura without headache

#### **1.2.2 Migraine with brainstem aura**

#### **1.2.3 Hemiplegic migraine**

1.2.3.1 Familial hemiplegic migraine (FHM)

1.2.3.1.1 Familial hemiplegic migraine type 1

1.2.3.1.2 Familial hemiplegic migraine type 2

1.2.3.1.3 Familial hemiplegic migraine type 3

1.2.3.1.4 Familial hemiplegic migraine, other loci

1.2.3.2 Sporadic hemiplegic migraine

#### **1.2.4 Retinal migraine**

### 1.3 Chronic migraine

### 1.4 Complications of migraine

1.4.1 Status migrainosus

1.4.2 Persistent aura without infarction

1.4.3 Migrainous infarction

1.4.4 Migraine aura-triggered seizure

### 1.5 Probable migraine

1.5.1 Probable migraine without aura

1.5.2 Probable migraine with aura

### 1.6 Episodic syndromes that may be associated with migraine

1.6.1 Recurrent gastrointestinal disturbance

1.6.1.1 Cyclical vomiting syndrome

1.6.1.2 Abdominal migraine

1.6.2 Benign paroxysmal vertigo

1.6.3 Benign paroxysmal torticollis

# Migraine with medication overuse

## **8.2 Medication-overuse headache (MOH)**

8.2.1 Ergotamine-overuse headache

8.2.2 Triptan-overuse headache

8.2.3 Simple analgesic-overuse headache

8.2.3.1 Paracetamol (acetaminophen)-overuse headache

8.2.3.2 Acetylsalicylic acid-overuse headache

8.2.3.3 Other non-steroidal anti-inflammatory drug (NSAID)-overuse headache

8.2.4 Opioid-overuse headache

8.2.5 Combination-analgesic-overuse headache

8.2.6 Med.-overuse h/a attributed to multiple drug classes not individually overused

8.2.7 Medication-overuse headache attributed to unverified overuse of multiple drug classes

8.2.8 Medication-overuse headache attributed to other medication

8.3 Headache attributed to substance withdrawal

8.3.1 Caffeine-withdrawal headache

8.3.2 Opioid-withdrawal headache

8.3.3 Oestrogen-withdrawal headache

8.3.4 H/A attributed to withdrawal from chronic use of other substance

# Migraine – Canadian Guidelines







- **Canadian Headache Society Guideline: acute drug therapy for migraine headache.** Worthington I1, Pringsheim T, Gawel MJ, Gladstone J, Cooper P, Dilli E, Aube M, Leroux E, Becker WJ; Canadian Headache Society Acute Migraine Treatment Guideline Development Group. Can J Neurol Sci. 2013 Sep;40(5 Suppl 3):S1-S80.
- **Canadian Headache Society guideline for migraine prophylaxis.** Pringsheim T1, Davenport W, Mackie G, Worthington I, Aubé M, Christie SN, Gladstone J, Becker WJ; Canadian Headache Society Prophylactic Guidelines Development Group. Can J Neurol Sci. 2012 Mar;39(2 Suppl 2):S1-59.
- <http://headachenetwork.ca/>
- <http://www.americanheadachesociety.org/>
- [www.ihs-classification.org/ .../International-Headache-Classification-III-](http://www.ihs-classification.org/.../International-Headache-Classification-III-)

# Acute Migraine Therapy : Special Strategies

- **Refractory acute attack**
- DHE 1 mg i.v. Q 8 hours 1 hr after metoclopramide 10 mg i.v. Q 8 hrs X 3 days
- Ketolorac 30 mg i.m. TID up to 5 days; 60 mg i.m. single injection
- Chlorpromazine 10 mg i.v.
- Magnesium 1-2 gr. i.v. Over 10-20 min.
- Valproic acid 300-500 mg i.v.
- Lidocaine patch (less common)
- Butalbital 100 mg (less common)

# Acute Migraine Therapy : Special Strategies

## **Vasoconstrictor unresponsive or contraindicated strategy**

1. One of: acetaminophen, ibuprofen, diclofenac potassium, naproxen sodium , or ASA, all  $\pm$  metoclopramide
2. Combinations of acetaminophen, ASA, and caffeine (note: combination product not available in Canada but can use individual components)  $\pm$  metoclopramide
3. One or more of:
  -  ketorolac IM (30-60 mg i.m.self-injection)
  -  indomethacin ( 25 mg oral or rectal)
  -  prochlorperazine 10 mg (oral or rectal)
  -  chlorpromazine ( 10 mg oral)
  -  dexamethasone 8 mg or prednisone 60 mg (short course)
  -  opioid (including tramadol) combination analgesics (monitor use closely)
4. One of: butalbital-containing analgesics, or butorphanol nasal spray (both: exceptional circumstances only – monitor use closely)

# Migraine nonpharmacological therapy

- **GammaCore**      gammaCore | ElectroCore Medical, LLC,  
[www.electrocoremedical.com/gammacore](http://www.electrocoremedical.com/gammacore)      The gammaCore® therapy is the first of its kind: a non-invasive vagus nerve stimulator (nVNS) that uses proprietary electrical signals to treat primary headache.
- **Cefaly**      Cefaly Migraine Pain Relief [www.cefaly.ca/](http://www.cefaly.ca/)      Now available in Canada, Cefaly is a revolutionary medical device proven to effective against headaches and migraine pain.



# Migraine – lifestyle factors and behavioural therapies

- **Lifestyle:**
- Regular sleep, regular meals, stress reduction, limit caffeine, regular exercise
- Patient skills development: self monitoring, pacing, pain communication, sleep hygiene and regular exercise
- **Behavioural therapy:**
- Relaxation training: meditation (abdominal breathing), progressive muscle relaxation, visualization, autogenic training,
- Biofeedback: hand temperature biofeedback, EMG biofeedback, temporal pulse amplitude biofeedback
- Cognitive Behavioural therapy

# Migraine management



Thank you

