

# Migraine Preventive Medications

## What are migraine preventive medications?

- Preventive medications are meant to be taken every day to reduce the number of migraines you have a month. They are different from medications taken to treat individual migraine attacks ('acute' or 'symptomatic' medications).
- Unlike acute migraine medications, preventive medications do not cause medication-overuse headache.
- Preventive medications should be considered along with 'self-management' strategies to decrease your migraine frequency. Self-management includes stress management, maintaining a healthy lifestyle, and avoiding migraine 'triggers' (for more information, see the info sheet "[What You Should Know About Headache Self-Management](#)", and/or the [full brochure](#)).

## When should I consider taking a preventive medication?

- If your migraines cause significant disability even though you are appropriately taking acute medications for individual migraine attacks.
- If you need to take acute medications for your migraines frequently: 15 or more days a month for acetaminophen or non-steroidal anti-inflammatory medications such as ibuprofen or naproxen; or 10 or more days a month for triptans or medications with codeine and/or caffeine.
- **If you are pregnant or breastfeeding, preventive medications should be avoided.** For more information, see the info sheet "[What You Should Know About Your Headache During Pregnancy and Breastfeeding](#)".

## Which preventive medication should I try?

- **Everyone is different**, and other aspects of your health such as your blood pressure, weight, and whether you have insomnia or depression may affect which medication is best for you. Your doctor can work with you to see how much a particular medication will benefit you.

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- It may be necessary to try more than one medication to find one that works well for you. It is important that you try each medication for 2 to 3 months.
- The medications most commonly used for migraine prevention include propranolol, nadolol, amitriptyline, candesartan, and topiramate.
- If you prefer herbal or non-prescription medications, you might consider magnesium citrate, riboflavin (vitamin B2), or coenzyme Q10.
  - *Note that butterbur is no longer recommended as an herbal remedy for migraine prevention.*
- For chronic migraines only (more than 14 days a month), onabotulinumtoxinA (Botox<sup>®</sup>) may be an option.

## What is likely to happen after I start a preventive medication?

- You can expect one of three results:
  - The medication may cause a gradual reduction in your migraine frequency over several months without significant side effects. You should not expect preventive medications to stop your migraines completely. A successful preventive medication will decrease your migraine attack frequency by 50% or more. **You should not expect preventive medications to stop your migraines completely.**
  - **OR:** You may have few if any side effects, but the medication may not work to reduce your migraine frequency. If the drug is not effective after 2 to 3 months, it is time to try another medication.
  - **OR:** You may have side effects like nausea, fatigue, dizziness, sedation, or others that will make you want to stop the medication. If side effects remain unpleasant after a few weeks, it is probably time to try a different medication.
- Using a '[headache diary](#)' is the best way to monitor the effect of preventive medications on your migraine frequency. Make sure you share your diary with your doctor.

**For more information on migraines, see the migraine info sheet and the full brochure at [www.ihe.ca/research-programs/hta/aagap/headache](http://www.ihe.ca/research-programs/hta/aagap/headache).**