

Headache Management

Acute Headache Treatment:

1) Your doctor may recommend different medications for acute headache treatment including but not limited to Advil, Alleve, Excedrin, triptans/ergots, gepants

3) Limit all abortive including over the counter medications and triptans/ergots to 10 days/month of use or less. Gepant

Headache Preventive Treatment:

*Please keep in mind that it takes 4-6 weeks for the medication to start working well and 2-3 months at the appropriate dose before deciding if it will be useful or not. If it is not helping at all by this time, then we will discuss other medications to try. Supplements may take 3-6 months until you see full effect.

1) There are many different classes of medications that can be used for headache prevention including anti depressants, anti seizure medications and event beta blockers.

2) Consider adding supplements: Magnesium citrate or oxide 400-600 mg daily with food +/- Coenzyme Q10 400 mg daily +/- Riboflavin (Vitamin B2) 400 mg daily (or 200 mg twice daily). You can sometimes buy supplements cheaper (especially Coenzyme Q10) online or at a store like Costco.

General Headache Instructions:

1) Maintain a headache diary; learn to identify and avoid triggers. Migraine Buddy is one of several free smart phone apps that can help with this.

2) Limit use of acute treatments (over-the-counter medications, triptans, etc.) to **no more than 2 days per week or 10 days per month to prevent medication overuse headache (rebound headache).**

3) Follow a regular schedule (including weekends and holidays) for the next 6 weeks:

A) Don't skip meals. Must eat breakfast, lunch, and dinner.

B) 8 hours of sleep nightly. Practice good sleep hygiene. If you can't get to sleep after 15-30 minutes, get up out of bed and do something boring like read until tired. No phone or TV in bed. Music is ok.

C) Avoid the following common headache triggers:

-Caffeine such as coffee, chocolate, tea, cola/pop/soda (7-up, Sprite, Sierra Mist, Ginger Ale, Mug/A+W Root Beer, Minute Maid Orange, Slice are okay). Some daily caffeine is ok as long as you keep it consistent. Large fluctuations in caffeine use can worsen headaches.

-Foods containing nitrates (deli meat, ham, bacon, sausage, hot dogs)

-Alcohol (wines containing sulfites are big culprits)

-Tyramine (aged cheese; can only have American cheese, cottage cheese, Velveeta and fresh mozzarella. Most pizza uses aged mozzarella)

-MSG (Chinese/Hispanic foods, Doritos, all flavored chips and Ramen noodles)

-Nutrasweet and artificial sweeteners

D) Minimize stress.

E) Exercise 30 minutes per day. Weight loss has been proven to reduce migraine frequency in overweight/obese migraine patients.

F) Keep well hydrated and drink 6-8 glasses of water per day.

4) Initiate non-pharmacologic measures at the earliest onset of your headache.

A) Rest and quiet in a cool, dark environment.

B) Relax and reduce stress.

C) Cold compress to head (place a dry washcloth to forehead, cover with a blue freezer packet and use a headband to press the freezer packet across the forehead and temples).

- 5) Don't wait!! Take the maximum allowable dosage of prescribed medication at the **very earliest** sign of headache.
- 6) Compliance: Take prescribed medication regularly as directed and at the first sign of a headache.
- 7) Communicate: MyChart me when problems arise, especially if your headaches change, increase in frequency/severity, or become associated with neurological symptoms (weakness, numbness, slurred speech, etc.).
- 8) Headache/pain management therapies: Consider various complementary methods, including medication, behavioral therapy, psychological counseling, biofeedback, massage therapy, acupuncture, and other modalities. Such measures may reduce the need for medications. Counseling for pain management, where patients learn to function and ignore/minimize their pain, seems to work very well.
- 9) Recommend changing family's attention and focus away from patient's headaches. Instead, emphasize daily activities. If first question of day is 'How are your headaches/Do you have a headache today?', then patient will constantly think about headaches, thus making them worse. Goal is to re-direct attention away from headaches, toward daily activities and other distractions.
- 10) It is important to try to attend work and/or school even with a headache. Missing work and school does not help improve headaches. **At our practice, we do not fill out disability paperwork for headaches, although we are willing to fill out FMLA paperwork.**

Avoiding Medication Overuse Headache (Rebound Headache):

Based on current research, the types of medications and their frequency of use which converts a previously episodic headache (particularly migraine) into a chronic daily headache (any headache occurring 15 or more days per month for at least 4 hours per day) are as follows:

---> Over the counter medications, NSAIDs and combination analgesics:

- More than **2** days per week, or more than **10** days per month.
- These include medications such as Acetaminophen (Tylenol), Naproxen (Aleve), Ibuprofen (Advil, Motrin), Acetaminophen/Caffeine (Excedrin), Acetaminophen/Dichloralphenazone/Isometheptene (Midrin), Aspirin (ok to continue if taking for medical reasons), cold remedies and sleep-promoting agents, among others.

---> Triptans:

- More than **2** days per week, or more than **10** days per month.
- These include Sumatriptan (Imitrex), Sumatriptan/Naproxen (Treximet), Rizatriptan (Maxalt), Almotriptan (Axert), Zolmitriptan (Zomig), Eletriptan (Relpax), Naratriptan (Amerge), Frovatriptan (Frova).

---> Opiates/Opioids (Narcotics):

- 10** days or more per month. Some research suggests that even infrequent use of these medications makes migraine specific medications such as triptans and NSAIDs less effective.
- These include any narcotics such as Acetaminophen/Hydrocodone (Vicodin), Acetaminophen/Oxycodone (Percocet), Acetaminophen/Propoxyhene (Darvocet), Acetaminophen/Codeine (Tylenol #3, #4), Tramadol (Ultram), Acetaminophen/Tramadol (Ultracet), Oxycodone (OxyContin), Hydromorphone (Dilaudid), Fentanyl, Butorphanol (Stadol), Morphine or any form of a Morphine derivative. We do not prescribe narcotics under any circumstances at this practice.

---> Butalbital containing medications:

- 10** or more days per month. These are typically the worst offenders.
- These include Acetaminophen/Butalbital/Caffeine (Fioricet, Esgic) Acetaminophen/Butalbital/Caffeine/Codeine (Fioricet with Codeine), Aspirin/Butalbital/Caffeine (Fiorinal), Aspirin/Butalbital/Caffeine/Codeine (Fiorinal with Codeine).

Vitamins and herbs that show potential for migraine prevention:

Magnesium: Magnesium oxide or citrate (400-600 mg daily with food) has a relaxant effect on smooth muscles such as blood vessels. We often give intravenous magnesium to patients who come into the emergency department for migraine because it helps to break the migraine. Three trials found 40-90% average headache reduction when used as a preventative. Magnesium also demonstrated the benefit in menstrually related migraine. Magnesium is part of the messenger system in the serotonin cascade and it is a good muscle relaxant. It is also useful for constipation which can be a side effect of other medications used to treat migraine. Good sources include nuts, whole grains, and tomatoes. There is controversy over whether this is safe in pregnancy, although it has been used safely in oral form for decades in pregnancy.

Coenzyme Q10: This is present in almost all cells in the body and is critical component for the conversion of energy. Recent studies have shown that a nutritional supplement of CoQ10 can reduce the frequency of migraine attacks by improving the energy production of cells as with riboflavin. Doses of 300-400 mg daily have been shown to be effective. This medication is NOT safe if you are taking warfarin (Coumadin). There is uncertain safety in pregnancy.

Riboflavin (Vitamin B2): 400 mg daily. This vitamin assists nerve cells in the production of ATP, a principal energy storing molecule. It is necessary for many chemical reactions in the body. There has been a randomized, placebo-controlled clinical trial using 400 mg per day which suggested that migraine frequency can be decreased. The supplement is found in bread, cereal, milk, meat, and poultry. Most Americans get more riboflavin than the recommended daily allowance, however riboflavin deficiency is not necessary for the supplements to help prevent headache. This supplement is safe in pregnancy.

Feverfew: Feverfew is a common garden herb native to Europe and popular in Great Britain as a treatment for disorders typically controlled by aspirin. The mechanism of action is unknown but is believed to be related to a chemical called parthenolide which helps the body use serotonin more effectively. Serotonin helps prevent migraine and assists with resolution when it occurs. Parthenolide also inhibits the release of histamine which is linked to pain and inflammation. Consistency of active ingredients in different products can be a problem. Typical dosage is one capsule (6.25 mg) 3 times a day. This supplement is not recommended in pregnancy.

Butterbur: This is an extract derived from the petisides hybridus root, which has been used for medicinal purposes since ancient times. A recent study found that 75 mg twice daily reduced headache frequency versus placebo. Side effects were infrequent, and the most common and unusual includes burping/belching. Raw butterbur root contains toxic chemicals that must be filtered out during the manufacturing process. To be sure you are choosing a safe product. Look for a formulation that does not contain pyrrolizidine alkaloids which are toxic to the liver. This is not safe in pregnancy.

Melatonin: Increasing evidence shows correlation between melatonin secretion and headache conditions. Melatonin supplementation has shown decreased headache intensity and duration. It is widely used as a sleep aid. Sleep is nature's way of dealing with migraine. A dose of 3 mg is recommended to start for headaches including migraine and cluster headache. Higher doses up to 15 mg has been reviewed for use in Cluster headache and have been used. The rationale behind using melatonin for cluster is that many theories regarding the cause of Cluster

headache center around the disruption of the normal circadian rhythm in the brain. This helps restore the normal circadian rhythm. It should be taken at least 2 hours before bedtime.

Ginger: Ginger has a small amount of anti-histamine and anti-inflammatory action which may help headache. It is primarily used for nausea and may aid in the absorption of other medications.

Essential Oils: Lavender and Peppermint can be helpful

Vitamin D: I encourage patients who live in the Midwest or places without much sun to take 1000-2000 units per day in the winter months. You may need more than this and I encourage you to have your primary care physician check levels periodically. There have been two randomized, controlled clinical trials showing benefit for vitamin D supplementation in migraine.

Marijuana/CBD: Medical marijuana and CBD oil have anecdotal evidence in migraine. Unfortunately, the federal government makes it difficult to study this medication so there are not large, randomized, controlled clinical trials for this yet. That said, I am not opposed to you inquiring about it but I do not prescribe this medication.