

New guidelines: Treatments can help prevent migraine

April 23 2012

Research shows that many treatments can help prevent migraine in certain people, yet few people with migraine who are candidates for these preventive treatments actually use them, according to new guidelines issued by the American Academy of Neurology. The guidelines, which were co-developed with the American Headache Society, will be announced at the American Academy of Neurology's 64th Annual Meeting in New Orleans and published in the April 24, 2012, print issue of *Neurology*[®], the medical journal of the American Academy of Neurology.

"Studies show that [migraine](#) is underrecognized and undertreated," said guideline author Stephen D. Silberstein, MD, FACP, FAHS, of Jefferson Headache Center at Thomas Jefferson University in Philadelphia and a Fellow of the American Academy of Neurology. "About 38 percent of people who suffer from migraine could benefit from preventive treatments, but only less than a third of these people currently use them."

Unlike acute treatments, which are used to relieve the pain and associated symptoms of a migraine attack when it occurs, preventive treatments usually are taken every day to prevent attacks from occurring as often and to lessen their severity and duration when they do occur.

"Some studies show that migraine attacks can be reduced by more than half with preventive treatments," Silberstein said.

The [guidelines](#), which reviewed all available evidence on migraine prevention, found that among prescription drugs, the seizure drugs divalproex sodium, sodium valproate and topiramate, along with the beta-blockers metoprolol, propranolol and timolol, are effective for migraine prevention and should be offered to people with migraine to reduce the frequency and severity of attacks. The seizure [drug](#) lamotrigine was found to be ineffective in preventing migraine.

The guidelines also reviewed over-the-counter treatments and complementary treatments. The guideline found that the herbal preparation Petasites, also known as butterbur, is effective in preventing migraine. Other treatments that were found to be probably effective are the nonsteroidal anti-inflammatory drugs fenoprofen, ibuprofen, ketoprofen, naproxen and naproxen sodium, subcutaneous histamine and complementary treatments magnesium, MIG-99 (feverfew) and riboflavin.

Silberstein noted that while people do not need a prescription from a physician for these over-the-counter and complementary treatments, they should still see their doctor regularly for follow-up. "Migraines can get better or worse over time, and people should discuss these changes in the pattern of attacks with their doctors and see whether they need to adjust their dose or even stop their medication or switch to a different medication," said Silberstein. "In addition, people need to keep in mind that all drugs, including over-the-counter drugs and complementary treatments, can have side effects or interact with other medications, which should be monitored."

More information: Learn more about the guideline's recommendations at www.aan.com/guidelines

Provided by American Academy of Neurology

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