

CONSIDERATIONS FOR MANAGING MIGRAINE THROUGHOUT THE PATIENT JOURNEY



CONSULTATION

Conducted by a healthcare professional (may include non-specialists)¹

DIAGNOSIS

Rule out other headache diagnoses²

REFERRAL
PCPs may consider referring patients to specialists, as appropriate⁴

~ 44% of individuals with migraine have not received a diagnosis³

DRUG THERAPY

ACUTE



Used to abort a migraine attack^{5,6}



Suitable for many patients⁵



Possibility for medication overuse headache²



PREVENTIVE



Reduces migraine attack frequency, duration, and/or severity⁵



May be considered for patients with disabling and/or frequent headaches that are not controlled with acute treatment⁵



Treatment selection factors include drug efficacy/safety, tolerability, concomitant medications, comorbidities, and patient preference^{5,7-9}. Side effects can include depression, cognitive dysfunction, somnolence, constipation, and weight gain^{9,10}

Please see reverse for acute and preventive drug classes recommended and/or approved for migraine treatment

~ 2 out of 3 patients who qualify for preventive treatment do not receive it¹¹

FOLLOW-UP

Use of headache diary for assessing change in frequency/severity of attacks and medication use⁷



Use of PRO tools (eg, HIT-6, MIDAS) for assessing change in disability/functional impairment⁷



Patient involvement in their care for maximizing compliance⁹



~ 80% of patients discontinue preventive treatments within 1 year, commonly due to efficacy or safety/tolerability concerns^{12,13}

Patients with frequent migraine attacks may require both preventive and acute medications as part of their treatment plan⁵



ACUTE

Clinical guideline-recommended treatments include:



Non-migraine-specific medications
eg, NSAIDs and analgesics^{5,6,14}



Migraine-specific medications
eg, triptans and ergotamines^{5,6,14}

Recently approved treatments outside guidelines include:



Migraine-specific medications
eg, gepants, ditans^{5,15-17,*}

*Gepants and ditans have recently been approved by the FDA for the acute treatment of migraine with or without aura in adults. Although not yet guideline-recommended, gepants and ditans have been noted in a recent position statement from AHS for select patients (eg, those with contraindications to triptans or those who have failed to respond to or tolerate at least 2 oral triptans).^{5,15-17}

Recommended to **AVOID**
narcotics and barbiturates⁴⁻⁶

PREVENTIVE

Clinical guideline-recommended treatments include:



Beta blockers^{5,7}
Anticonvulsants^{5,7}
Antidepressants^{5,7}



Anti-CGRP monoclonal antibodies⁵
Botulinum neurotoxin^{18,†}

†Recommended in chronic migraine only¹⁸



This infographic is not intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease.

AHS, American Headache Society; CGRP, calcitonin gene-related peptide; FDA, US Food and Drug Administration; HIT-6, Headache Impact Test; MIDAS, Migraine Disability Assessment; NSAID, nonsteroidal anti-inflammatory drug; PCP, primary care physician; PRO, patient-reported outcome.

1. Diener H-C, et al. *Clin Med*. 2015;15:344-350. 2. Headache Classification Committee of the International Headache Society (IHS). *Cephalalgia*. 2018;38:1-211. 3. Diamond S, et al. *Headache*. 2007;47:355-363. 4. Starling AJ, Dodick DW. *Mayo Clin Proc*. 2015;90:408-414. 5. American Headache Society. *Headache*. 2019;59:1-18. 6. Marmura MJ, et al. *Headache*. 2015;55:3-20. 7. Silberstein SD, et al. *Neurology*. 2012;78:1337-1345. 8. Reddy DS. *Expert Rev Clin Pharmacol*. 2013;6:271-288. 9. D'Amico D, Tepper SJ. *Neuropsychiatr Dis Treat*. 2008;4:1155-1167. 10. Vécsei L, et al. *Expert Opin Drug Saf*. 2015;14:667-681. 11. Lipton RB, et al. *Neurology*. 2007;68:343-349. 12. Hepp Z, et al. *Cephalalgia*. 2017;37:470-485. 13. Blumenfeld AM, et al. *Headache*. 2013;53:644-655. 14. Silberstein SD. *Neurology*. 2000;55:754-762. 15. Scott LJ. *Drugs*. 2020;80:741-746. 16. US Food and Drug Administration. <https://www.fda.gov/news-events/press-announcements/fda-approves-new-treatment-adults-migraine>. Accessed February 8, 2021. 17. US Food and Drug Administration. <https://www.fda.gov/news-events/press-announcements/fda-approves-new-treatment-patients-migraine>. Accessed February 8, 2021. 18. Simpson DM, et al. *Neurology*. 2016;86:1818-1826.