MAKING A MIGRAINE TREATMENT PLAN
### ADVISORY BOARD/ CONSULTANT/ SPEAKERS BUREAU

- Alder — Advisory Board/Consultant
- Allergan — Advisory Board/Consultant
- Amgen — Speakers Bureau/Consultant
- Lilly — Advisory Board/Speakers Bureau
- Teva — Advisory board, Speakers Bureau

### RESEARCH SUPPORT

- Amgen
- Autonomic Technology
- Colucid
- Cumberland
- Dr. Reddy Laboratories
- Eli Lilly
- Novartis
- PCORI
- Scion
- Teva
- Zosano

Medical Co-Director, Ctrl M Health
THIS IS ALL I AM GOING TO SAY ABOUT:

- Diagnosis
- Calendars
- Triggers
MIGRAINE OR MIGRAINE PLUS

- Rebound
  - Abortives on too many days
- Inflammation
  - E.g. rheumatoid arthritis, etc
- Other pain
  - The closer to the head (neck, tmj) the worse
- Anxiety/Depression
- Obesity
- Poor sleep
  - Insomnia
  - Snoring, sleep apnea

FIX ALL THE “PLUS” THAT YOU CAN
WHAT IS IN YOUR BOXES?

<table>
<thead>
<tr>
<th>ABORTIVE</th>
<th>PREVENTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIND</td>
<td>BODY</td>
</tr>
</tbody>
</table>
CREATING A MIGRAINE HEALTHY LIFESTYLE

- **CORE HEALTH**
  - Hydration, nutrition, sleep

- **MOVEMENT**
  - Develop body awareness, a migraine safe movement routine

- **SELF AWARENESS**
  - Relaxation, meditation, emotion-regulation, mindfulness

- **CONNECTEDNESS**
  - Engage with people: work, play, and relationships

- **SELF EFFICACY**
  - Confidence in ability to achieve goals: self-regulation, support, mastery, observing success of others

- **GROWTH**
  - Seeing setbacks as learning opportunities: acceptance, commitment, behavior change and celebrating successes

Disclosure; I am medical co-director of Ctrl M Health
STIGMA TYPES
RECOGNIZE AND HAVE A PLAN

Interpersonal
micro aggressions

Structural
Laws and policies

Self-stigma

Low self esteem
Depression/anxiety
MORE PAIN!
Concealment
Presenteeism
Low Participation Rates
ADVOCACY: THE GREATEST STIGMA BUSTER

- Tell your story (well)
- Language: use CHAMP language and image guide
- Be seen (come out)
  - Do it well
  - Seek advice
- Insist on accommodations
- Support others with your disease
- Participate in the movement
  - It is the only way things change
Tailor treatment to both patient and attacks

- Recognize triggers and mitigate them
- Treat early
- Bypass the stomach (more often than you think)
- Use nonpharmacologic treatment (maybe solely)
  - Quiet, rest, cold compresses, relaxation, biofeedback, meditation
- Use (but don’t overuse) acute medications
  - **Stratify care:** first line, backup, and rescue treatment
  - Consider comorbidities when choosing
ACUTE MIGRAINE MEDICATIONS

- Non-specific
  - NSAIDs
  - Combination analgesics
  - Neuroleptics/antiemetics
  - Corticosteroids
  - Opioids (not recommended)

- Specific
  - Ergotamine/DHE
  - Triptans
  - Gepants
  - Ditans
MAY NEED BACKUP OR RESCUE

Within Attack

Initial Therapy

Based on attack profile, associated symptoms, and level of disability

Back up and Rescue Therapy

If Fails
## The Four Columns: Mix and Match

<table>
<thead>
<tr>
<th>Triptans/Ergots</th>
<th>NSAIDs</th>
<th>Dopamine</th>
<th>Gepants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumatriptan</td>
<td>Short acting</td>
<td>Prochlorperazine</td>
<td>Ubrogepant</td>
</tr>
<tr>
<td>Rizatriptan</td>
<td>Ibuprofen</td>
<td>Metoclopramide</td>
<td>Rimegepant</td>
</tr>
<tr>
<td>Naratriptan</td>
<td>Longer acting</td>
<td>Promethazine</td>
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<tr>
<td>Zolmitriptan</td>
<td>Naproxen</td>
<td>Chlorpromazine</td>
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<tr>
<td>Almotriptan</td>
<td>Others</td>
<td>Haloperidol</td>
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</tr>
<tr>
<td>Eletriptan</td>
<td>Diclofenac</td>
<td>Olanzapine</td>
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<tr>
<td>Frovatriptan</td>
<td>Indomethacin</td>
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<tr>
<td>DHE/Ergotamine</td>
<td>Etc...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lasmitidan</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
PROBLEMATIC (REBOUND HEADACHE)

- Opioids
  - Percocet
  - Morphine
  - Vicodin
  - Dilaudid
  - Tramadol, Ultram

- Butalbital
  - Fioricet
  - Esgic
ATTACK FREQUENCY AT BASELINE PREDICTS FUTURE DAILY HEADACHE

*Top line predicted incidence of intermediate frequent headaches (105 to 179 days/year) Bottom line shows predicted incidence of CDH (180+ days/year).

Consider Prevention When

1. Migraine significantly interferes with patients' daily routine, despite acute treatment

2. Frequency attacks (>1/week) with risk of CDH or Rebound

3. Acute medications ineffective, contraindicated, troublesome AEs, or overused

4. Patient preference

5. Special circumstances such as *Stroke-like attacks*
TRANSITIONAL (BRIDGE) STRATEGIES (OUTPATIENT)

- NSAID
- Antinauseant
  - Antinauseant + NSAID
- Steroid taper
- Tizanidine
- Triptan
- DHE nasal spray
- Gepant?
- All of the above may need a rescue treatment
INPATIENT VS. INFUSION

- More graded delivery of medication
- Serious drug withdrawal must be inpatient
- Psychiatric assessment
  - Mandatory psych consult
- Other consultations
- Opportunity for education
- Less disruptive to patient
- Less expensive
- Smaller knowledge infrastructure to maintain
  - Fewer nurses
  - Fewer administrators
**PREVENTIVES**

- **Antidepressant**
  - Amitriptyline, Nortriptyline
  - Venlafaxine, Duloxetine

- **Blood pressure meds**
  - Beta blockers – propranolol, atenolol, timolol, etc
  - ACE/ARBS – lisinopril, candesartan

- **Seizure meds**
  - Topiramate
  - Divalproex

- **Botulinum toxin**
- **Monoclonal Antibody- Aimovig, Ajovy, Emgality, Vyepti**
- **Miscellaneous – memantine, cyproheptadine,**
**“NATURAL” PREVENTIVES**

- **Petadolex** (*Petasides*, or butterbur extract)
  - 150 mg/day
- **B2 (riboflavin)**
  - 400 mg/day
- **Magnesium Oxide**
  - 400 mg daily to TID
- **Feverfew**
- **Coenzyme Q10**
  - 150-300 mg/day and up
- **Melatonin**
  - 3-15 mg and up
- **Medical Marijuana**
  - CBD twice a day; THC as needed
WHAT’S YOUR DEVICE?
Ok, you have migraine

How often, how bad, are there any triggers (there often are not)?

How big a deal is migraine stigma in your life?

- **Advocacy!!!**

What else is going on that is known to worsen migraine? Can you make that better?

What are you doing to create a healthy lifestyle for someone with migraine?

- **Abortive treatments**
  - Avoid rebound
  - Layered plan
  - May need bridge, infusion, or hospitalization

- **Preventive treatments**

- **Devices**