

PREVENTING MIGRAINE ATTACKS

Preventive therapies are taken on a regular basis and aim to reduce the frequency of migraine attacks.

LIFESTYLE INTERVENTIONS

(To the best of your ability)

- Exercise regularly
- Get consistent, quality sleep
- Eat a healthy diet
- Stay hydrated
- Manage stress

MEDICATIONS

- ACE inhibitors
- Angiotensin II receptor blockers
- Antidepressants
- Antiepileptic drugs
- Beta blockers
- Anti-calcitonin gene-related peptide (CGRP) monoclonal antibodies (mAbs)
- OnabotulinumtoxinA (for chronic migraine only)

BEHAVIORAL THERAPIES

- Biofeedback
- Cognitive behavioral therapy
- Relaxation training (e.g., meditation, guided visual imagery, progressive muscle relaxation)



NONINVASIVE NEUROSTIMULATORS

- Single-pulse transcranial magnetic stimulation
- Transcutaneous supraorbital neurostimulation

NUTRACEUTICAL TREATMENTS

- Butterbur—pyrrolizidine alkaloids-free (petasites)
- Coenzyme Q10 (ubiquinone)
- Feverfew
- Magnesium
- Vitamin B2 (riboflavin)

TREATING MIGRAINE ATTACKS

Acute (or abortive) therapies aim to treat a migraine attack while it's occurring.

WHAT YOU CAN TRY ON YOUR OWN

Lifestyle Interventions

- Rest immediately
- Drink water
- Apply ice packs
- Sleep
- Consume ginger (e.g., candies, capsules, tea)
- Apply essential oils

Over-the-Counter Medications

- Nonsteroidal anti-inflammatory drugs (NSAIDs) with or without caffeine (e.g., aspirin, ibuprofen, naproxen)
- Acetaminophen with or without caffeine



WHAT YOUR HEALTH CARE PROVIDER CAN PRESCRIBE

- 1** Providers typically start by prescribing **first-line treatments**.



Medications

- Prescription-strength NSAIDs
- Triptans (oral and non-oral)
- Triptan/NSAID combination
- Ergot alkaloids
- Anti-nausea drugs
- Prescription-strength combination analgesics
- Steroids

Behavioral Treatments

- Biofeedback
- Relaxation therapy

Noninvasive Neurostimulators

- Single-pulse transcranial magnetic stimulation
- Transcutaneous supraorbital neurostimulation
- Vagus nerve stimulation

- 2** If first-line treatments provide incomplete relief, providers can prescribe backup therapies as **second-line treatments**.

Backup medications should be a different class of medication than those used initially to treat the attack.

- 3** If you are still in extreme pain after trying your first- and second-line interventions, **you may consider seeking treatment in an urgent care setting.**