

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)



For more information on preventing and coping with migraine attacks, see SWHR's follow up migraine and wellness toolkit, "Living Well with Migraine."

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Options described in this toolkit are taken from guidelines developed by the American Academy of Neurology and the American Headache Society as well as frequently reported anecdotal evidence from patients. Please talk to your health care provider for more information.

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

- Gepants
- Ditans
- 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**.