Migraine treatment

Initial recommended management is with simple analgesics such as ibuprofen and paracetamol (also known as acetaminophen) for the headache, an antiemetic for the nausea, and the avoidance of triggers. Specific agents such as triptans or ergotamines may be used by those for whom simple analgesics are not effective. Globally, approximately 15% of the population is affected by migraines at some point in life.

Non-surgical procedures

see Coenzyme Q10.

Botulinum neurotoxin A (BoNT-A, popularly known as Botox) injections have been reported by various headache specialists as a potential treatment for migraines.

In 2008, a subcommittee of the American Academy of Neurology (AAN) assessed the effectiveness of botulinum toxin in numerous disorders, with one report focusing on autonomic disorders and pain, including 'chronic daily headache'—they noted that this group's headaches were “mainly transformed migraines”, and 'chronic tension-type headaches' were not included—and 'episodic migraines'.

For chronic daily headaches, four studies were analyzed where the reduction in headache frequency when injected with BoNT-A was compared to a placebo-injected control group. While two of these studies showed favourable results, others observed no significant benefits.

The AAN has thus reported that they can not yet draw any conclusions on the effectiveness of BoNT-A injections in chronic daily headaches.

It was noted that, in one study where subjects were stratified based on whether or not they were currently being treated with a prophylactic medication, patients who were not taking prophylactic medications concomittantly fared significantly better than those who were.

In the same report, the AAN concluded that the injections were “probably ineffective” in treating episodic migraines. Other studies have reached the same conclusion.

Studies examining the effectiveness of BoTN-A injections that were not included in the AAN report have yielded positive results.

It has been noted, however, that repeated injections are required to keep the headaches under control—the BoTN-A may have a cumulative effect—and they do not address the headaches which are triggered from the septum and turbinates.

Peripheral nerve blocks for treatment-refractory migraine may be an effective therapeutic option in pregnancy [1)].

Self-management interventions for migraine and tension-type headache are more effective than usual care in reducing pain intensity, mood and headache-related disability, but have no effect on headache frequency. Preliminary findings also suggest that including cognitive-behavioural therapy (CBT),

mindfulness and educational components in interventions, and delivery in groups may increase effectiveness [2].

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see Migraine surgery

1)
Govindappagari S, Grossman TB, Dayal AK, Grosberg BM, Vollbracht S, Robbins MS. Peripheral nerve blocks in the treatment of migraine in pregnancy. Obstet Gynecol. 2014 Dec;124(6):1169-74. doi: 10.1097/AOG.0000000000000555. PubMed PMID: 25415168.
2)
Probyn K, Bowers H, Mistry D, Caldwell F, Underwood M, Patel S, Sandhu HK, Matharu M, Pincus T; CHESS team. Non-pharmacological self-management for people living with migraine or tension-type headache: a systematic review including analysis of intervention components. BMJ Open. 2017 Aug 11;7(8):e016670. doi: 10.1136/bmjopen-2017-016670. PubMed PMID: 28801425.