

# BSW Primary Care Migraine Pathway

**JUNE 2024 – under review to include updated topiramate safety measures and PPP**

## Migraine ACUTE Treatment Pathway

Limit use of these to maximum 2 times per week

### 1. Simple analgesics + antiemetics

NSAIDS or aspirin 900mg AND paracetamol AND antiemetic  
(Do not use Opioids)

### 2. Triptan + NSAID + antiemetic

Try lower cost triptans first e.g. oral sumatriptan. Not effective at 2 hours on at least 2-3 occasions, or not tolerated?

### 3. Second line triptan + NSAID + antiemetic

Consider alternative delivery e.g. orodisp, spray, s/c. Consider longer acting NSAIDS e.g. naproxen

Failed 2 triptans or triptans contraindicated?

### 4. Rimegepant 75mg Orodispersible See [BSW Rimegepant guidance](#)

## Migraine PREVENTION Pathway

Try each for at least 2 – 3 months at target dose with diary monitoring

**These have GREEN Traffic Light Status (unless specified) and can be initiated in primary care**

**1. Propranolol:** Local specialists note atenolol may be better tolerated but unlicensed for this indication.

**2. Amitriptyline:** Because of potential **anticholinergic** effect, assess patient's anticholinergic burden in >65yrs and frail: <http://www.acbcalc.com/> Inform of risk of side effects. Patient info leaflet [here](#).

**3. Candesartan (unlic):** Not in CG150<sup>1</sup> but supported by BASH Guidelines<sup>2</sup>. Information leaflet [here](#).

**4. Topiramate:** Titrate dose slowly, see BNF. Topiramate is **TERATOGENIC** and **under review by MHRA**. **Consult specialist for advice before initiating in females of childbearing potential.** Highly effective contraceptive method should be used. **Also see page 2.**

### Tried 3 preventatives for ≥2 months at target dose?

≥4 migraine days per month?; No medication overuse? Then **refer to headache specialist clinic**. Secondary care (**RED TLS**) options may include Botox, Greater Occipital Nerve Block, flunarizine and injectable/oral anti-CRGP in line with relevant NICE TAs and [BSW Biological Migraine Prevention Pathway in Adults](#)

For all patients discuss:

- Use of headache diary [Keeping a headache diary - The Migraine Trust](#)
- Lifestyle triggers addressed (depression, sleep, poor diet, weight loss, caffeine etc) [Migraine attack triggers - The Migraine Trust](#)

Possibility of medication overuse headache (MOH) esp. if taking the following drugs for ≥3 months:

- Triptans, opioids, ergots or combination analgesic meds on ≥10 days per month or
- Paracetamol, aspirin or NSAID, either alone or any combination on ≥15 days per month.

CKS management advice for MOH [Management | Headache - medication overuse | CKS | NICE](#)

## Topiramate

**Under review pending review of data on neurodevelopmental disabilities in children with prenatal exposure** [July-2022-DSU-PDF.pdf](#)). Consult specialist for advice before initiating in females of childbearing potential. Advise patient that topiramate is associated with a risk of foetal malformations and emerging evidence of neurodevelopmental disabilities in children with prenatal exposure. FSRH recommends HIGHLY EFFECTIVE CONTRACEPTION in women prescribed topiramate. Topiramate is an *enzyme-inducer* which means it will reduce the efficacy of hormonal contraception. The only options for HIGHLY EFFECTIVE CONTRACEPTION in women prescribed topiramate are – a copper IUD, levonorgestrel-releasing IUS or depot medroxyprogesterone acetate injection which must be in conjunction with reliable use of condoms. See <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/> F.A.Q. points 8 and 9.

## Valproate

**From 31/01/2024, new regulatory measures are in place** to reduce the known harms from valproate, including the significant risk of serious harm to the baby if taken during pregnancy and the risk of impaired fertility in males.

- **Valproate must not be started in new patients (male or female) younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.**
- At next annual specialist review, women of childbearing potential and girls should be reviewed using a revised Valproate Risk Acknowledgement Form. This includes the need for a second specialist signature if patient is to continue with valproate. Subsequent annual reviews with one specialist unless patient's situation changes.

**Unlicensed use of valproate for migraine prophylaxis is not supported locally for females of child-bearing age.**

**Existing male patients using valproate (including for migraine prophylaxis) who are planning a family within the next year are advised to discuss treatment options with a healthcare professional.**

Full information for patients and healthcare professionals on the reproductive risks and new safety measures here: [Valproate safety measures - GOV.UK \(www.gov.uk\)](#)

## Treatment of migraine during pregnancy

Offer pregnant women paracetamol for acute treatment of migraine. Consider using a triptan or NSAID after discussing the need for treatment and risks associated with each medication during pregnancy. Seek specialist advice if prophylactic migraine treatment is needed during pregnancy. UK Teratology Information Service (UKTIS) can be contacted by HCPs on 0344 892 0909. UKTIS PIL on Migraine Treatment in Pregnancy available [here](#).

## Non-formulary treatments in BSW

- **Pizotifen is not included** in this pathway. Inadequate evidence was found in the review for [NICE CG150](#) for the effectiveness of pizotifen in the prophylaxis of migraine in adults.
- **Riboflavin 400mg OD**: BASH guidelines<sup>2</sup> suggest this may be useful in preventing migraines. Advise **self-purchase only** from reputable health food shops. No licensed product in the UK; FP10 prescribing may incur costs of ~£500 per item. More robust trial data needed.
- **Acupuncture** is recommended for chronic migraine in [NICE CG150](#) but **not locally commissioned**. Patients should self-purchase acupuncture treatment or a specialist may consider IFR if patient is exceptional.
- [gammaCore](#) (electroCore) is a device that uses non-invasive vagus nerve stimulation to treat & prevent cluster headache. It is **not commissioned for migraine**. Commissioned only for cluster headache as per [NICE MTG46](#).

### Useful references:

- 1.) Diagnosis and management of headaches in young people and adults. NICE CG150 September 2012 (prophylaxis sections updated Nov 2015 and May 2021). <https://www.nice.org.uk/guidance/cg150>
- 2.) BASH (2019) British Association for the Study of Headache. National Headache management System for Adults 2019. [www.bash.org.uk](http://www.bash.org.uk)