

# How Do I Help My Patient Choose the Right Acute Treatment?

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## Step 1: Collect Relevant History

### What is their headache frequency?

- How many days do they have headache in a typical month and what proportion are severe?
- Consider the characteristics associated with attacks, such as whether they can tolerate oral medications.
- Are their headaches rapid or gradual in onset?

### What do they currently take?

- Do they get complete relief?
- How often do they take it?

### What have they tried in the past that has or has not worked?

## Step 2: Think About Comorbidities and Contraindications

Clarify whether any comorbid conditions or contraindications exist.

- Oral NSAIDs are generally contraindicated in patients with a history of stomach ulcers.
- Triptans are generally contraindicated in patients with cardiovascular disease or uncontrolled hypertension.
- Pregnancy/lactation status could impact safe or approved use of a medication.



## Step 3: Understand Available Acute Options

### Triptans

- Faster onset: sumatriptan, rizatriptan, eletriptan, almotriptan, zolmitriptan
- Slower onset: naratriptan, frovatriptan
- Non-PO: sumatriptan NS, zolmitriptan NS, sumatriptan SQ
  - NS and SQ generally have faster onset than PO.

### Gepants

- Rimegepant
- Ubrogapant
- Zavegepant NS

### Ditans

- Lasmiditan\*

### NSAIDs

- Diclofenac
- Ibuprofen
- Ketorolac
- Naproxen

### Anti-emetics

- Metoclopramide
- Prochlorperazine
- Promethazine
- Ondansetron

### Key

PO: Oral Administration

NS: Nasal Spray

SQ: Subcutaneous Injection

\*Production discontinued.

### References/Resources:

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3. Mayans, L, Walling, A. Acute migraine headache; treatment strategies, Am Fam Physician. 2018 Feb 15,97(4):243-251
4. Munksgaard, S. & Jensen, R. Medication Overuse Headache. Headache Currents, 2014. 1251-1257.
5. Moreno-Ajona et al. Targeting CGRP and 5-HT1F Receptors for the Acute Therapy of Migraine: A Literature Review

## Step 4: Make an Action Plan

- All patients with migraine should have at least one acute treatment option.
- When possible, prioritize migraine-specific therapy.
- For patients with significant nausea, consider non-oral routes of administration.
- If patient has significant nausea with migraine, add an antiemetic.

## Step 5: Clarify Medication Limits

Medication limits exist for both safety and to prevent medication overuse headache.

### Suggested Limits

- <10 days/month: prescription or combination analgesics
- <15 days/month: over-the-counter pain relievers

### Common Side Effects or Cautions

- Triptans - feelings of face/neck/chest tightness or pressure, flushing, paresthesias, dizziness
- Gepants - medication interactions
- Ditans - do not drive or operate machinery for at least 8 hours after taking
- NSAIDs - gastrointestinal upset, kidney impairment
- Anti-emetics - metoclopramide/prochlorperazine/promethazine - extrapyramidal symptoms, sedation