



Pharmacologic treatment for migraine prevention in adults practice guideline

Summary for patients and caregivers

A team of experts from the American Academy of Neurology and American Headache Society reviewed the latest evidence on the effectiveness and side effects of medications available to prevent migraine and developed a clinical practice guideline for health professionals. This summary highlights what you need to know about the guideline.

What is migraine?

There is a common misconception that migraine is “just a headache.” In reality, migraine is a chronic disease. Migraine attacks can cause headaches and a variety of other symptoms including dizziness, nausea, sensitivity to light and sound, and difficulty thinking. Attacks can last between a few hours and several days. While some people’s symptoms may be mild, others may experience serious symptoms that prevent them from working, socializing, or completing other daily tasks during a migraine attack.

How is migraine treated?

Most primary care clinicians (for example, family doctors and nurse practitioners) can help treat migraine. In some locations, there are also clinicians who specialize in treating migraine and headaches. Both “acute” and “preventive” medications are available to treat migraine. Acute medications help stop headaches and other symptoms of migraine attacks when they are happening. Preventive medications are taken consistently (usually daily or monthly) to prevent symptoms.

What is the key message of the guideline for people with migraine?

Medications can be helpful for preventing migraine symptoms. There are a variety of effective preventive medications that work in different ways, including newer types of medications that have been released in the past several years. If you are experiencing frequent migraine attacks or your attacks are affecting your ability to function normally, preventive medications may be able to help. If you’re already taking a preventive medication and it’s not working well, a different type may still be effective.

When should I consider taking a preventive medication?

Your doctor should offer you preventive medications if you have four or more headache days per month, or if your migraine attacks are affecting your ability to work or complete your daily tasks. You may also want to ask about trying a preventive medication if you’re taking an acute medication frequently. Taking some acute medications more than nine days a month may put you at risk of developing more headaches as a side effect of the medication. If you think this may be happening to you, talk to your doctor.

Is it helpful to start a preventive treatment soon after diagnosis?

Yes, the earlier you try a preventive medication, the sooner it can start helping.

What are the different types of preventive medications?

There are several different types of preventive medications that work in different ways. Some types, such as antidepressants or medications for lowering blood pressure, may help treat both migraine and a second health condition. Others have been designed specifically to treat migraine. There are oral medications that need to be taken every day or every other day and injectable medications that are taken once a month or once every three months.

How should my doctor and I decide which medications to try?

You should have a conversation with your doctor about the pros and cons of different types of medications to help decide which ones to try. One factor to consider is the quality of evidence to support the ability of each medication to prevent migraine attacks or make them less severe. You can use the following chart to discuss different medication options with your doctor. If you have a headache on 15 or more days a month, look at the “chronic migraine” column. If you get headaches fewer than 15 days a month, look at the “episodic migraine” column. The brand names listed are those that are commonly available in the United States or Canada.

Summary of evidence for migraine preventive medications

	Episodic migraine	Chronic migraine
Strong evidence	erenumab (<i>Aimovig</i>) galcanezumab (<i>Emgality</i>)	fremanezumab (<i>AJOVY</i>) galcanezumab (<i>Emgality</i>) onabotulinumtoxinA (<i>BOTOX</i>)
Moderate evidence	atogepant (<i>QULIPTA</i>) eptinezumab (<i>VYEPTI</i>) fremanezumab (<i>AJOVY</i>) propranolol (<i>Hemangeol, Inderal, InnoPran, Propranolol HCl Intensol</i>) rimegepant (<i>Nurtec</i>) topiramate (<i>Eprontia, Qudexy, Topamax, Trokendi</i>) valproate (<i>Depacon, Depakene, Stavzor, Valproate Sodium</i>)	atogepant (<i>QULIPTA</i>) eptinezumab (<i>VYEPTI</i>) erenumab (<i>Aimovig</i>) rimegepant (<i>Nurtec</i>) topiramate (<i>Eprontia, Qudexy, Topamax, Trokendi</i>) valproate (<i>Depacon, Depakene, Stavzor, Valproate Sodium</i>)
Weak evidence	amitriptyline (<i>Elavil, Endep, Vanatrip</i>) bisoprolol (<i>Zebeta</i>) funarizine (<i>Sibelium</i>) fluoxetine (<i>Prozac</i>) levetiracetam (<i>Elepsia, Keppra, Roweepra, Spritam</i>) metoprolol (<i>Kaspargo, Lopressor, Toprol</i>) nifedipine (<i>Afedita, Procardia</i>) pizotifen (<i>Sandomigran</i>) telmisartan (<i>Micardis</i>)	None

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	Episodic migraine	Chronic migraine
Not enough evidence to determine efficacy	atenolol (<i>Tenormin</i>) candesartan (<i>Atacand</i>) clomipramine (<i>Anafranil</i>) clonazepam (<i>Klonopin</i>) clonidine (<i>Catapres</i> , <i>Javadin</i> , <i>Kapvay</i> , <i>Onyda XR</i>) duloxetine (<i>Cymbalta</i> , <i>Drizalma Sprinkle</i> , <i>Irenka</i>) enalapril (<i>Epaned</i> , <i>Vasotec</i>) gabapentin (<i>Gabarone</i> , <i>Gralise</i> , <i>Horizant</i> , <i>Neurontin</i>) lamotrigine (<i>Lamictal</i> , <i>Subvenite</i>) lisinopril (<i>Prinivil</i> , <i>Qbrelis</i> , <i>Zestril</i>) nicardipine (<i>Cardene</i>) pindolol (<i>currently available only as a generic</i>) timolol (<i>currently available only as a generic</i>) venlafaxine (<i>Effexor</i>) verapamil (<i>Calan SR</i> , <i>Verelan PM</i>) vigabatrin (<i>Sabril</i> , <i>Vigadrone</i> , <i>Vigafyde</i> , <i>Vigpoder</i>)	atenolol (<i>Tenormin</i>) propranolol (<i>Hemangeol</i> , <i>Inderal</i> , <i>InnoPran</i> , <i>Propranolol HCl Intensol</i>) tizanidine (<i>Ontralfy</i> , <i>Zanaflex</i>)

If you have other medical conditions or take other medications, talk with your doctor about how the medications you’re considering for migraine prevention might interact with them. Your doctor should tell you the common side effects of the medications you’re considering. You may also want to consider the cost of different medications and whether they are covered by your insurance. Also think about whether you would prefer to take a daily pill, an injection you can give yourself at home, or an injection that needs to be given at a clinic. Tell your doctor if you are pregnant, breastfeeding, or considering pregnancy. Some medications for migraine prevention can have negative effects on a developing baby.

What should I do if my current preventive medication isn’t working or I’m having bad side effects?

You should check in with your doctor two to three months after starting a new medication to discuss how well it’s working. If you’re trying onabotulinumtoxinA (BOTOX) injections, you may need to wait up to six months to be able to tell if it’s working. If you’re having bad side effects from the medication right away, check in with your doctor sooner. If a medication does not seem to be working or is giving you bad side effects, your doctor may recommend changing the dose or trying a different type of medication.

How can I best prepare for my appointments?

It’s helpful to track your migraine days with a headache diary or app and share your migraine frequency and severity with your doctor. Bring a list of your current medications and medications you have tried in the past to your appointment. You may also want to pull up this summary on your phone to reference during your appointment. If your doctor has questions about the information in this summary, let them know that the full version of the American Academy of Neurology and American Headache Society’s migraine prevention guideline is available at [AAN.com/guidelines](https://www.aan.com/guidelines).

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What should I ask my doctor?

- Should I consider starting a preventive medication for migraine?
- Which medication(s) would you recommend for me?
- What is the cost of the medications we're considering?
- What are the common side effects of the medications we're considering?
- When should we follow up to discuss how well the new medication is working?

The full guideline and additional resources for your health care provider are available at aan.com/guidelines. To learn more about brain health and migraine, go to BrainHealth.com.

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