Migraine Tip of the Month

Match Treatment to Intensity

Attacks of migraine vary widely in the time required to reach peak headache intensity. At times you may awaken with a headache that is already fully developed and severe, and even during days when you awaken pain-free a migraine headache may build rapidly to become full-blown. At other times the headache may build slowly, over hours, providing you the opportunity to potentially nip it in the bud.

Given this wide range in the time required for migraine headache to develop, it makes sense that acute treatment intended to terminate the headache is not a "one size fits all" proposition. To treat your acute migraine headaches effectively, you need several weapons in your arsenal: specifically, a therapy to use early, when the headache is just beginning to build; a therapy to use when the headache has reached the mild to moderate level of intensity; and a therapy for times when the headache either builds to become severe or is severe from the start.

There are a variety of medications which are appropriate for use at each of these 3 stages. One commonly prescribed arsenal includes a "simple analgesic" (aspirin, acetaminophen or both plus caffeine) or a nonsteroidal anti-inflammatory drug (NSAID; e.g.s, ibuprofen, naproxen sodium) plus caffeine for early headache; the combination of an NSAID, a "fast onset" oral triptan (e.g.s, sumatriptan, rizatriptan); and injectable sumatriptan for "rescue" from one's most severe headaches (link to "treatment of the month").

Use of one of these options within a given 24 hour period does not prohibit use of another. For example, if you awaken with a headache that already has reached the level of severe intensity, injectable sumatriptan is likely to be the most effective treatment of those listed. Because injectable sumatriptan has a short half-life in the body, early recurrence of headache following its use is common. If the headache begins to recur, it's appropriate to turn to the simple analgesic (versus NSAID)/caffeine option, and if the headache continues to build despite this, it's time to try the oral triptan/NSAID/caffeine option.

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One last thing. Migraine-associated nausea may cause one to avoid using an oral therapy, and vomiting obviously will eliminate any effectiveness oral therapy might have to offer. If you are prone to nausea and vomiting during an attack of migraine, make sure you have an anti-nausea medication in your arsenal (the ondansetron "melt" is a good choice), and use a non-oral route (e.g.s, intranasal, subcutaneous injection) to administer the medication you are taking for the headache itself.