



Quick Reference: MEDICATIONS RECOMMENDED FOR HEADACHE MANAGEMENT IN ADULTS

Refer to full guideline for migraine treatment in pregnancy

Table 1: Migraine

Acute Migraine Medication					
1 st line	ibuprofen 400 mg, ASA 1,000 mg, naproxen sodium 500-550 mg, acetaminophen 1,000 mg				
2 nd line	Triptans: oral sumatriptan 100 mg, rizatriptan 10 mg, almotriptan 12.5 mg, zolmitriptan 2.5 mg eletriptan 40 mg, frovatriptan 2.5 mg, naratriptan 2.5 mg <ul style="list-style-type: none"> ▪ Subcutaneous sumatriptan 6 mg if vomiting early in the attack. Consider for attacks resistant to oral triptans. ▪ Oral wafer: rizatriptan 10 mg, zolmitriptan 2.5 mg, if fluid ingestion worsens nausea ▪ Nasal spray: zolmitriptan 5 mg, sumatriptan 20 mg, if nausea Antiemetics: domperidone 10 mg, metoclopramide 10 mg, for nausea				
3 rd line	500-550 mg naproxen sodium in combination with triptan				
4 th line	Fixed-dose combination analgesics (with codeine if necessary - not recommended for routine use)				
Prophylactic Migraine Medication	Starting Dose	* Titration: Daily Dose Increase	Target Dose / Therapeutic Range	Notes	
1 st line	propranolol	20 mg bid	40 mg /week	40-120 mg bid	Avoid in asthma
	metoprolol	50 mg bid	50 mg /week	50-100 mg bid	
	nadolol	40 mg daily	20 mg/week	80-160 mg daily	
	amitriptyline	10 mg hs	10 mg/week	10-100 mg hs	Consider if depression, anxiety, insomnia or tension-type headache
	nortriptyline	10 mg hs	10 mg /week	10-100 mg hs	
2 nd line	topiramate	25 mg daily	25 mg /week	50 mg bid	Consider 1 st line if overweight
	candesartan	8 mg daily	8 mg /week	16 mg daily	Few side effects; limited experience in prophylaxis
	gabapentin	300 mg daily	300 mg/ 3 to 7 days	1,200-1,800 mg daily, divided tid	Few drug interactions
Other	divalproex	250 mg daily	250 mg/week	750-1,500 mg daily, divided bid	Avoid in pregnancy or where pregnancy is possible
	pizotifen	0.5 mg daily	0.5 mg /week	1-2 mg bid	Monitor for somnolence and weight gain
	OnabotulinumtoxinA	155-195 units	No titration needed	155-195 units every 3 mos.	For chronic migraine only – headache on ≥15 days per month
	flunarizine	5-10 mg hs		10 mg hs	Avoid in depression
	venlafaxine	37.5 mg daily	37.5 mg /week	150 mg daily	Consider in migraine with depression
Over the Counter	magnesium citrate	300 mg bid	No titration needed	300 mg bid	Efficacy may be limited; few side effects
	riboflavin	400 mg daily		400 mg daily	
	butterbur	75 mg bid		75 mg bid	
	co-enzyme Q10	100 mg tid		100 mg tid	

*Titration: Dosage may be increased every two weeks to avoid side effects

- For most drugs, slowly increase to target dose
- Therapeutic trial requires several months
- Expected outcome is reduction, not elimination of attacks
- If target dose not tolerated, try lower dose
- If med effective and tolerated, continue for at least 6 months
- If several preventive drugs fail, consider specialist referral

Table 2: Tension-Type Headache

Acute Medication	
<ul style="list-style-type: none"> ▪ ibuprofen 400 mg ▪ ASA 1,000 mg ▪ naproxen sodium 500-550 mg • acetaminophen 1,000 mg 	
Prophylactic Medication	
1 st line	amitriptyline 10-100 mg daily OR nortriptyline 10-100 mg daily
2 nd line	mirtazapine 30 mg daily OR venlafaxine 150 mg daily

Table 3: Cluster Headache (consider early specialist referral)

Acute Medication	
<ul style="list-style-type: none"> ▪ subcutaneous sumatriptan 6 mg ▪ intranasal zolmitriptan 5 mg OR 100% oxygen at 12 litres/minute for 15 minutes through non-rebreathing mask	
*Prophylactic Medication	
1 st line	verapamil 240-480 mg daily (higher doses may be required)
2 nd line	lithium 900-1200 mg daily
Other	topiramate 100-200 mg daily OR melatonin up to 10 mg daily
<p>*Note: If more than 2 attacks per day, consider transitional therapy while verapamil is built up (e.g., prednisone 60 mg for 5 days, then reduced by 10 mg every two days until discontinued)</p>	

Abbreviations: *hs* – at bedtime; *bid* – twice a day; *tid* – three times a day