PREVENTIVE MEDICATIONS FOR MIGRAINE

Reviewed by
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Preventive migraine medicines can be helpful if you have frequent or severe migraine attacks. They can reduce how often migraine attacks occur and make them less severe.



All migraine preventive medications are prescription-only. Talk to your GP or nurse practitioner about which preventive is best for you. You don't need to see a neurologist to start migraine preventive medication.

How preventive medications can help

Preventive medications can help reduce how long and disabling your migraine attacks are and how often you get them.

It's a good idea to talk with a health professional about preventive medication for migraine if:



- you have 4 or more headache days each month
- your migraine attacks are severe or disabling
- you're taking acute medications to treat attacks on more than 2 days a week (this increases your risk of medication overuse headache)
- your attacks are debilitating despite taking acute medications or acute medications don't work well
- you can't take acute medications due to side effects or another health condition.



Medication overuse headache

Medication overuse headache can develop after at least 3 months of regular use of acute medications.

This type of headache tends to occur every day or most days, often in the morning or on waking (when acute medications have worn off during the night). It may feel like a dull pressure-type headache or migraine-like attack.

To minimise your risk, avoid opioids such as codeine and tramadol and limit your use of medications.

- Paracetamol and non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen, diclofenac and naproxen: no more than 15 days per month.
- Triptans (sumatriptan and rizatriptan): no more than 10 days per month.



This resource was independently developed by Migraine Foundation Aotearoa New Zealand with financial support from Abbvie.

Preventive medications for migraine

Migraine can't be cured but symptoms can be treated and managed.

The aim of taking preventive medications is to reduce:

- the number of headache days you have each month
- the severity of your migraine attacks
- the number of acute medications you take
- migraine-related disability, such as the impact on your work, school or social life.

Types of preventive medications

In Aotearoa New Zealand, preventive medications for migraine are available as oral tablets and self-injections. Some preventive medications were developed to manage other conditions such as high blood pressure and depression and were also found to be effective for migraine prevention.



Medications specifically developed to prevent migraine are called anti-calcitonin gene-related peptide (CGRP) medications. CGRP is a small protein involved in the cascade of events in the nervous system that lead to a migraine attack. Anti-CGRP medications block this protein, turning off its ability to cause a migraine attack.

Oral medications

Funded and non-funded oral preventive medications are available in New Zealand. Medications commonly prescribed in New Zealand to prevent migraine include:

Funded

- Amitriptyline
- Propranolol
- Candesartan
- Venlaflaxine
- Topiramate
- Sodium valproate
- Pizotifen

Non-funded

One oral anti-CGRP medication is available in New Zealand.

- Atogepant (Aquipta)



Other medications may also be prescribed and be effective.

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Self-injection medications

Non-funded

Three anti-CGRP self-injection medications are available in New Zealand.

- Fremanezumab (Ajovy)
- Galcanezumab (Emgality)
- Erenumab (Aimovig)



Ajovy, Emgality and Aimovig are a once a month self-injection. Emgality requires you take 2 injections as a loading dose when you first start. Ajovy can also be used quarterly, with 3 injections used, 4 times a year.

What to expect from preventive medicines

The older migraine preventive medications take time to work. Usually you start a preventive medication by taking a low dose and slowly increase the dose every 1–2 weeks. It can take at least 8 weeks on the highest dose you can tolerate without side effects to know if the medication is helping.

It can take 3–6 months for the newer anti-CGRP migraine preventive medications to work. Some people find they start working well after the first dose.

A preventive medication is usually considered to be working well if the number of attacks you have is reduced by 50%. If one preventive medication doesn't work for you, or if it stops working well, talk with your health professional about trying another one.

If one medication partially works, but not well enough, you can add in a different type of medication. Sometimes a combination of preventive medications works better than one medicine alone.



When to stop preventive medicines

You may not have to take a migraine preventive medication forever. If the medication is working well, it's recommended you continue taking it for 6–12 months and then talk with your health professional. They can talk with you about how the medication is working, any side effects and help you decide whether to keep taking it, trial coming off it or reduce the dose.

If you stop the medication and your migraine attacks increase, you can restart it or try another preventive medication and review in 6–12 months

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What's the best preventive medication for me?

The best treatment depends on your individual health and needs.

For example, some medicines:

- aren't recommended during breastfeeding, pregnancy or if you're planning a pregnancy (e.g. topiramate, sodium valproate)
- aren't suitable for people with asthma or certain heart conditions
- have the added benefit of also helping to manage other health conditions such as depression or anxiety.



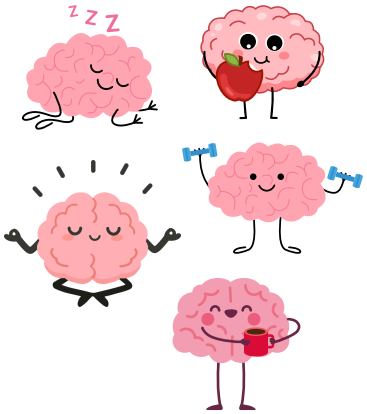
Some medications are funded, others are unfunded, so affordability is another thing to consider.

Your doctor or nurse prescriber will help choose the safest and most suitable option for you.

Other preventive treatment options

Onabotulinumtoxin A treatment (such as Botox™) is approved for use in New Zealand for people with chronic migraine (15 or more headache days a month, with at least 8 of these migraine). However, it's difficult to access through the public health system. If you're paying for Botox treatments privately, it's recommended to choose a provider who uses the PREEMPT protocol.

Combining preventive medication with healthy habits (e.g. regular healthy meals, exercise, sleep) can help. Also consider stress management (e.g. mindfulness, cognitive behavioural therapy, biofeedback, relaxation therapy) and limiting caffeine intake to no more than 2–3 regular coffees (or equivalent) per day.



There's also some evidence to support supplements (e.g. magnesium, vitamin B2, coenzyme Q10) and complementary therapies (e.g. acupuncture, neuromodulation devices).

For more information about preventive medications for migraine please visit the Migraine Foundation Aotearoa New Zealand website (migrainefoundation.org.nz).

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