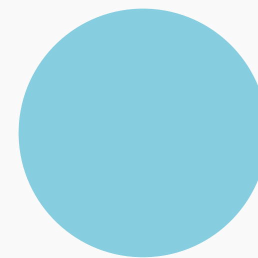
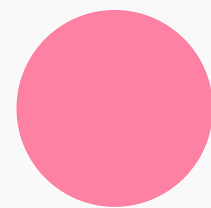
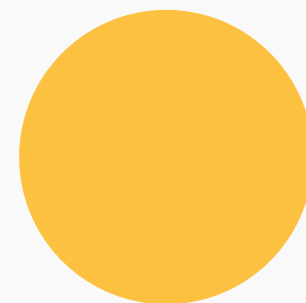
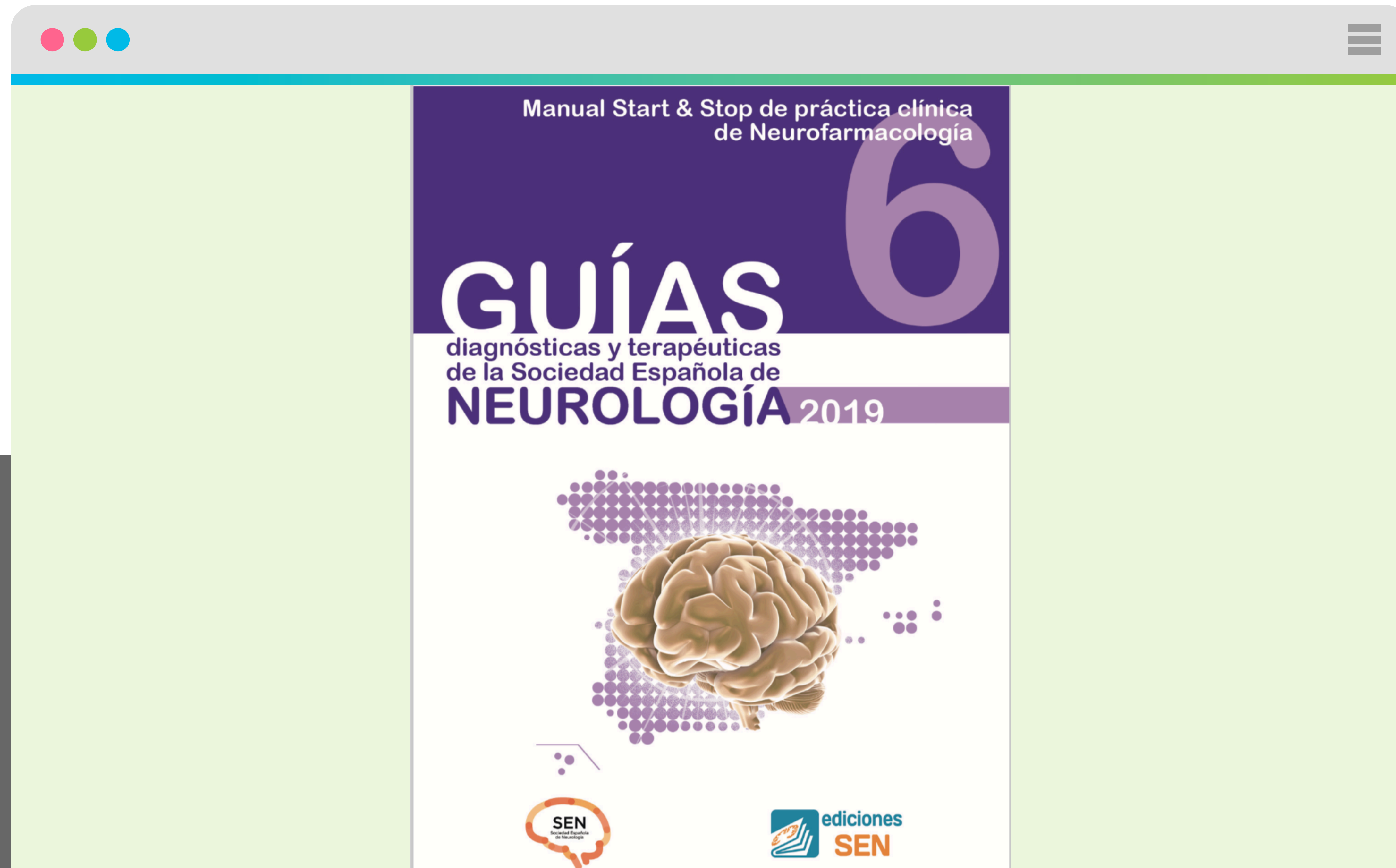
SYMPTOMATIC TREATMENT



Many available resources

Most of them open access.

Take the opportunity to create AFAN official version!

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Stepwise Treatment

3 different levels, NOT APLICABLE IN MIGRAINE

Triptans

Oral

Intranasal / subcutaneous

03

Ergots

No longer used

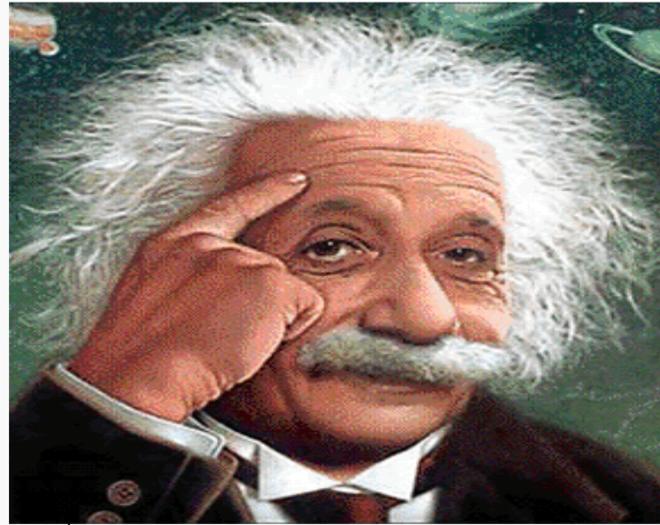
02

Non-steroidal anti-inflamatory drugs

Plus antiemetic if needed

01

How to use them



Avoid relapse

Avoid persistent pain

Early treatment

Gupta. Headache 2007.

Tips about Non-Steroidal Anti-inflammatories

Ibuprofen 600 mg

Dexketoprofen 25 mg

Naproxen 500 mg

Aspirine 500 mg

Diclofenac 25-50 mg

Indometacin 25 mg

1. Repeat the dose after 2 hours if needed
2. Double dose if consistently ineffective
3. Metoclopramide / domperidone if nausea
4. Do not judge efficacy just with one utilization
5. In case of lack of efficacy, try a different one

Tabla IV. Antiinflamatorios no esteroideos indicados en el tratamiento sintomático de las crisis de migraña	
Compuesto	**Dosis recomendadas y vía de administración**
Ácido acetilsalicílico	500-1.000 mg, oral
Naproxeno sódico	550-1.100 mg, oral
Ibuprofeno	600-1.200 mg, oral
Diclofenaco sódico	50-100 mg, oral; 100 mg, rectal; 75 mg, parenteral
Dexketoprofeno	25-50 mg, oral; 50 mg, parenteral

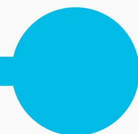
NSAIDs contraindications & problems

Do not forget them!

Dyspepsia, GI bleeding

Digestive problems

1st



2nd

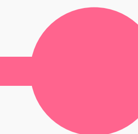
Nephropathy

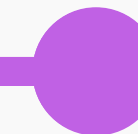
In case of prolonged utilization

Premature ductus closure risk

During pregnancy

3rd





4th

Risk of Medication Overuse Headache

In case of >10 days... consider preventive treatment

Other symptomatic drugs?

What about them?

Oxygen?

Only in cluster headache, during an attack and 12-15 liters per minute (high flow)

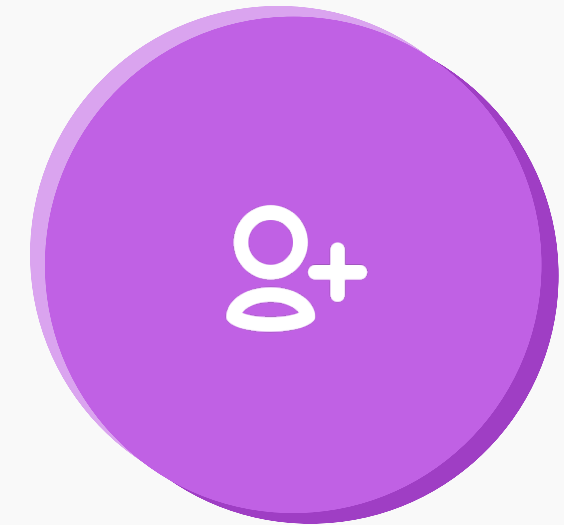
Metamizol

Just in selected cases.

Safety issues

Opioids

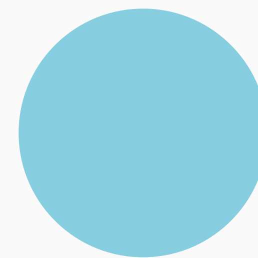
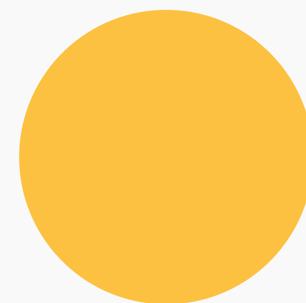
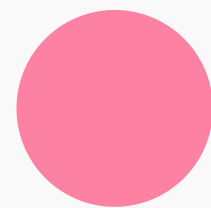
Avoid them in headache and facial pain.



Antiemetics

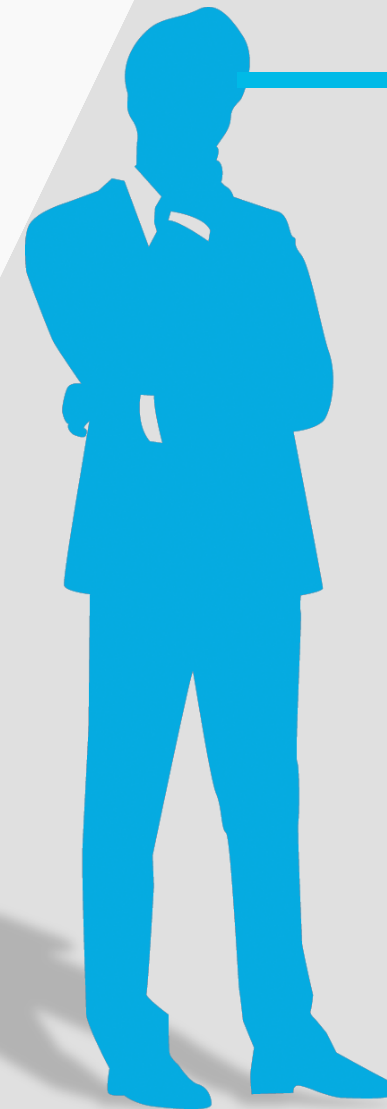
Please, consider them!

PREVENTIVE TREATMENT

Yes

- Improves patients
- Reduces disability
- Is the only thing we can do



No

- Migraine is lifelong
- It is just a headache
- It is expensive

Should we offer it always?

What do you think?

Preventive treatment **Objectives**

What can we do?

Headache frequency

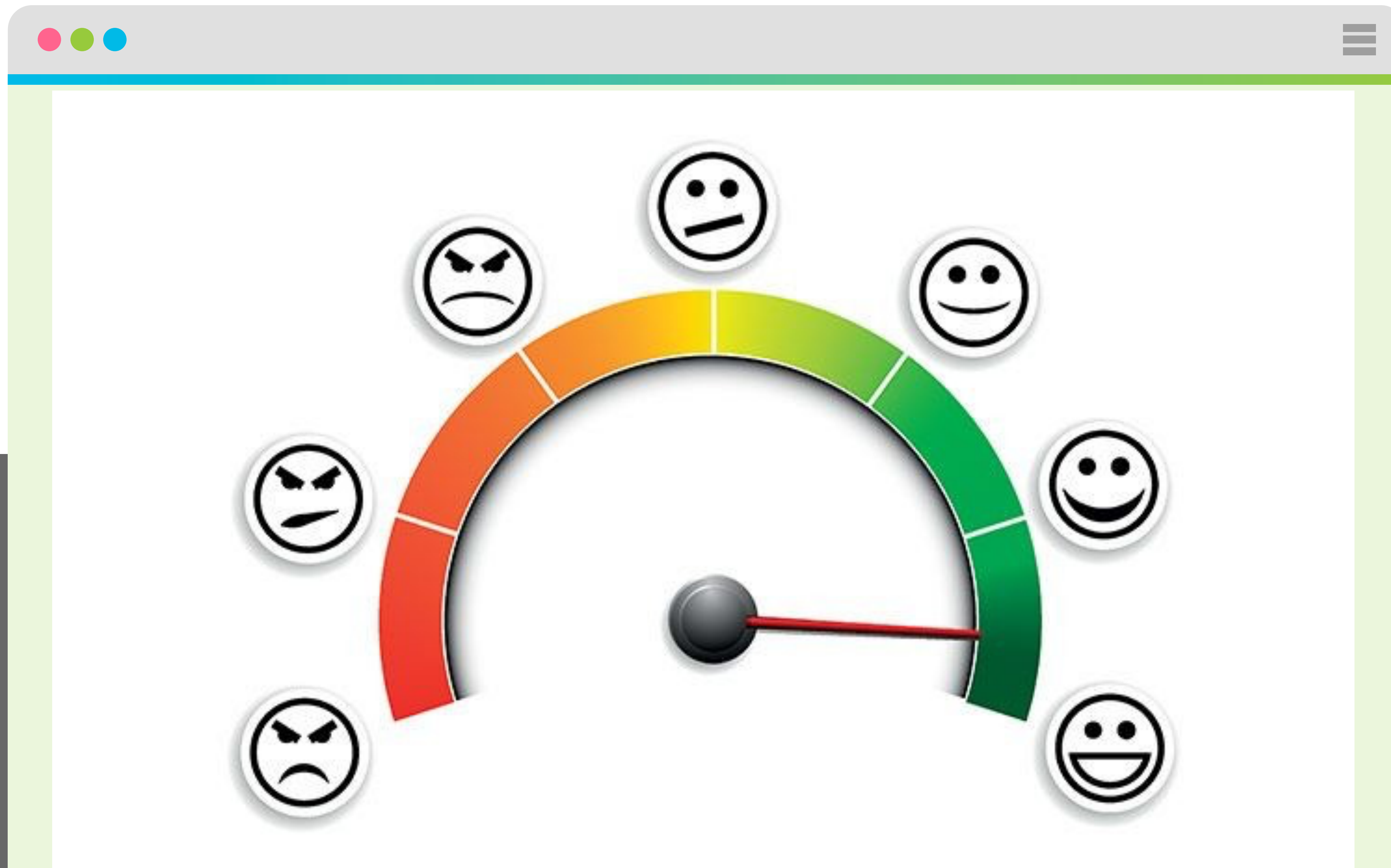
Unlikely to reach complete disappearance.

Headache intensity

And functional impact.

Symptomatic response

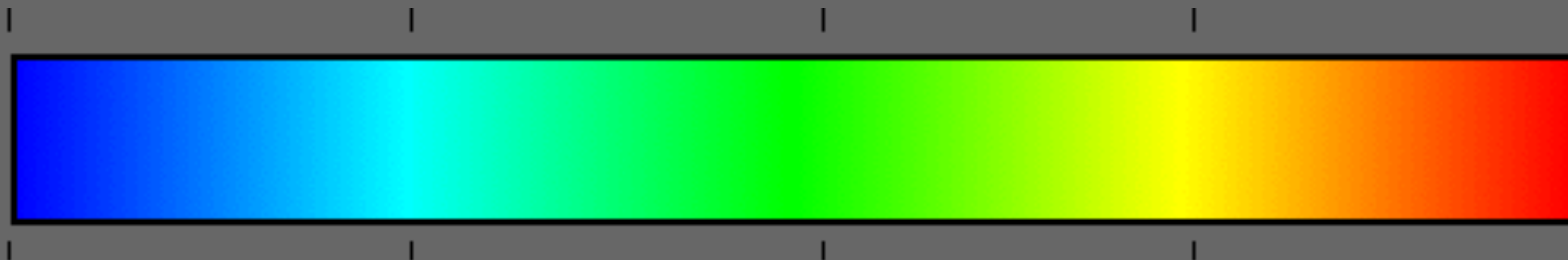
To consider in patients with treatment resistant attacks.



Managing expectations

Be clear.

Success is a matter of perspective.



Frequency

>4 headache days.

>7 days.

>10 days.

Severity

Prolonged episodes.

Missing work.

Treatment response

In case of medication overuse.

If many symptomatic drugs fail.

New Drug **Development**

A bit of history

Diamond S 1976, Tfelt-Hansen P 1984, Kangasniemi 1984, Olsson JE 1984, Nadelmann JW 1986Steiner TJ 1988, Havanka H 1988, Wörz R 1991, Holroyd K 1991

Betablockers

Brin MF 2000, Evers S 2004, Dodick 2005, Aurora SK 2010, Diener HC 2010, Dodick 2010, Oterino 2011, Silberstein SD 2013, Khalil M 2014, Pedraza 2015, Cernuda-Morollon E 2015, Aicua-Rapun 2016, Dominguez 2018.

Botulinum toxin

Olcegepant, Atogepant, Ubrogepant, ALD1910, AMG334, VNS, ONS, SPGs...

Gepants, PACAP-38, devices

Flunarizine

Louis PA, 1981, Diamond S 1983, Amery WK 1985, Bono 1985, Centonze V 1985, Nappi G 1987, Ludin HP 1989, Sorensen PS 1991, Freitag FG 1991, Gawel MJ 1992, Bassi 1992, Diamond S 1993.

Topiramate

Brandes J 2004, Diener H 2004, Mei 2004, Silberstein 2004, Pascual 2004, Diener 2007, Silberstein 2007, Diener 2007, Limmroth 2007, Gracia-Naya M 2013

CGRP Antibodies

Goadsby 2017, Tepper 2017, Ashina 2017, Silberstein 2017, Dodick 2018, Skjarevski 2018, Detke 2018, Stauffer 2018, Dodick 2018

Ezpeleta. Guía Oficial SEN 2015. Evers. Eur J Neurol 2009. Loder. Headache 2012. Pringsueim. Can J of Neurol Sci 2012. Sarchielli. J Head Pain 2012. Lanteri-Minet. Rev Neurologique 2013. Dowson. Curr Med Res 2002.

Treatment Selection

Prior medical history and comorbid conditions.

Tailored treatment

Insomnia, depression, hypertension...

How to take it

3 ideas

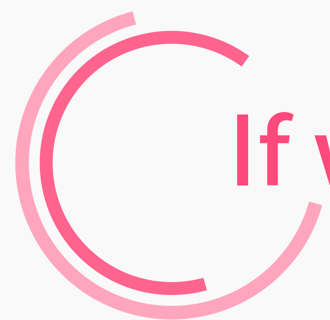
Daily

Even if they do not experience headache.

Adherence is crucial!

During 3-6-9 months

At least 3 months. In case of chronic headaches, prefer 6 or 9 months.



If well tolerated and ineffective, increase the dose

To the maximal dose.

Amitryptiline

Tension-type headache, depression, insomnia, anxiety, other painful syndromes

Glaucoma, prostatic hyperplasia, elderly, cardiopathy.

Hypersomnia, dry mouth.

AMITRYPTILINE10-25 mg /24h **0-0-1**

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Betablockers

Hypertension, tremor, anxiety

COPD, Asma, Cardiac failure

Hypotension, fatigue, impotence

PROPRANOLOL: 10mg/8h-40 mg, METOPROLOL, NEBIVOLOL

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Topiramate

Overweight, epilepsy

Nephrolitiasis, glaucoma, renal insufficiency.

Confusion, depresion, paresthesias, weight loss, gastrointestinal.

TOPIRAMATE ⬆ **25 mg weekly**—>75-100/**12h**

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Lisinopril/Candesartan

Hypertension, depression

Renal artery stenosis, severe cardiac failure

Fatigue, hypotension.

LISINOPRIL 5-10mg, CANDESARTAN 4-16mg

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Flunarizine

Insomnia

Depression, Extrapiramidal, Cardiopathy.

Weight gain, depression, somnolence.

FLUNARIZINE 2,5-5-10 mg 0-0-1.

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Venlafaxine

Depressed, anxiety

Elderly.

Asthenia, dizziness, sexual dysfunction.

VENLAFAXINE 37,5 MG - 75 MG

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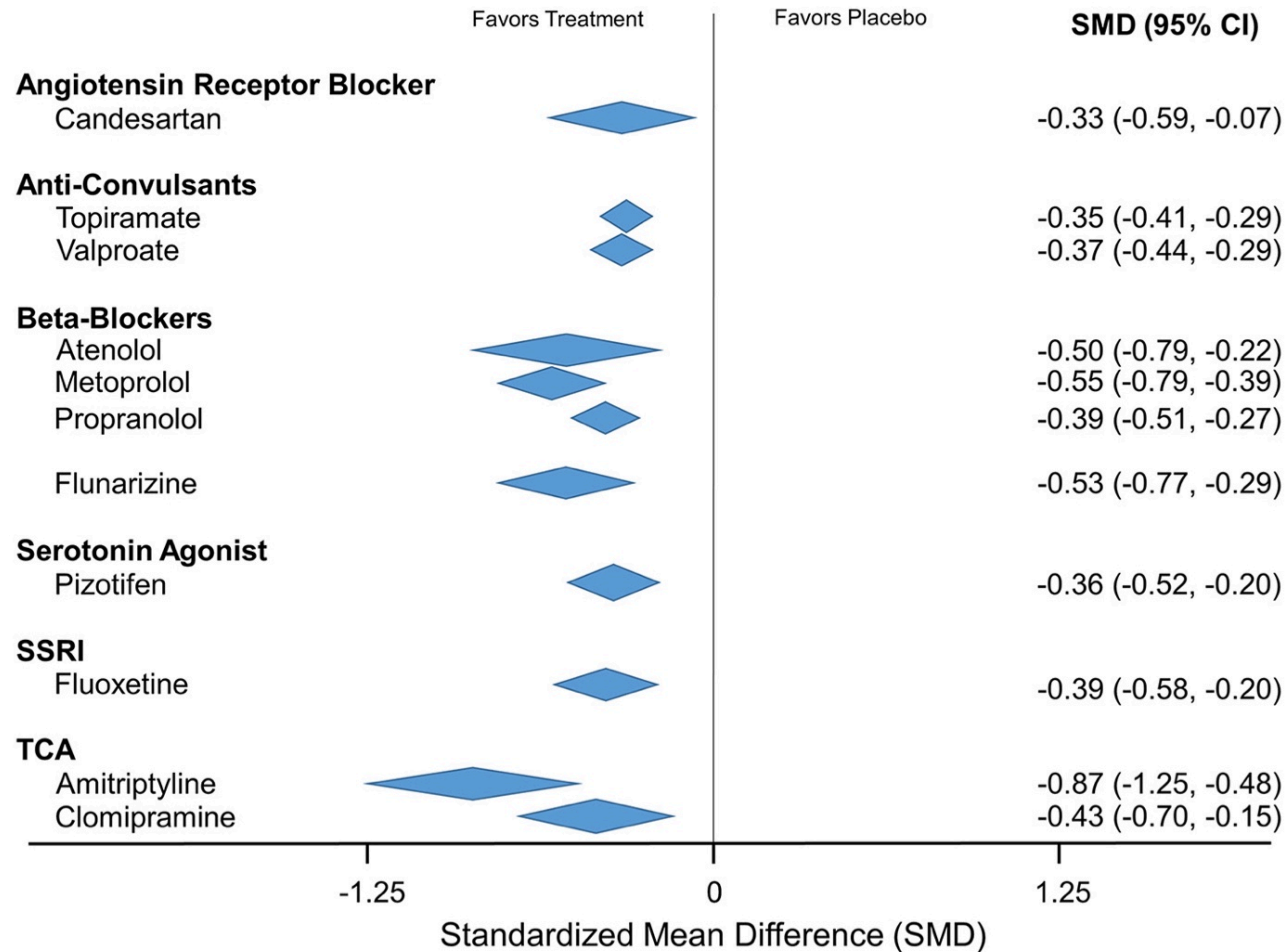
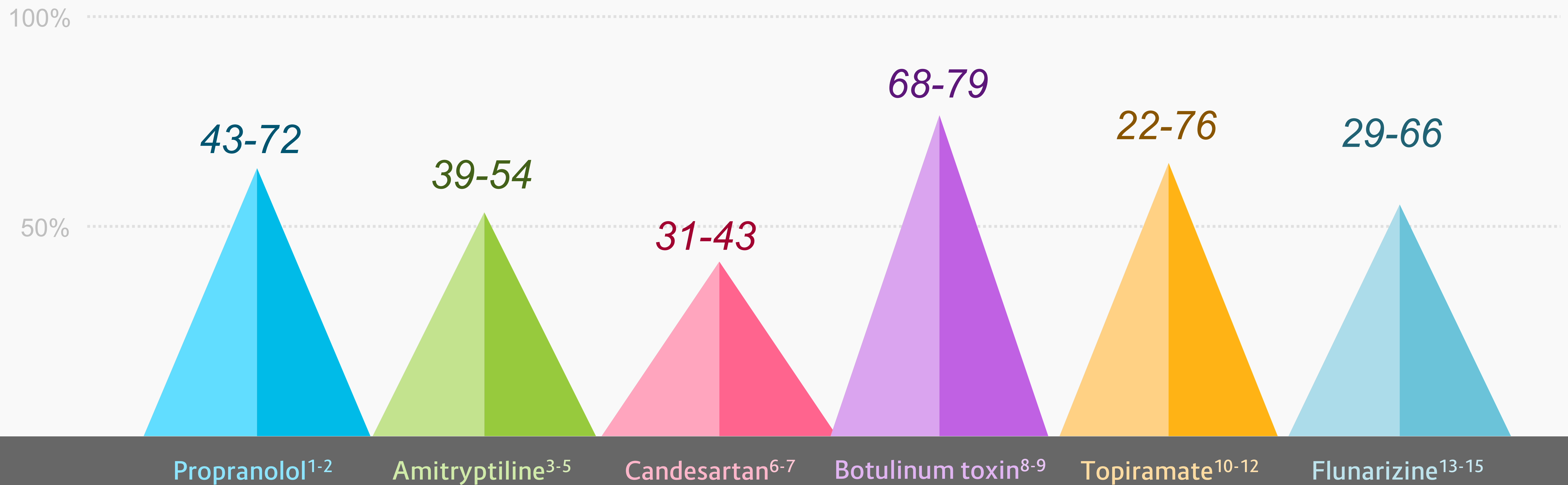
Efficacy versus placebo.

Jackson JL. PLoS ONE 10(7): e0130733.



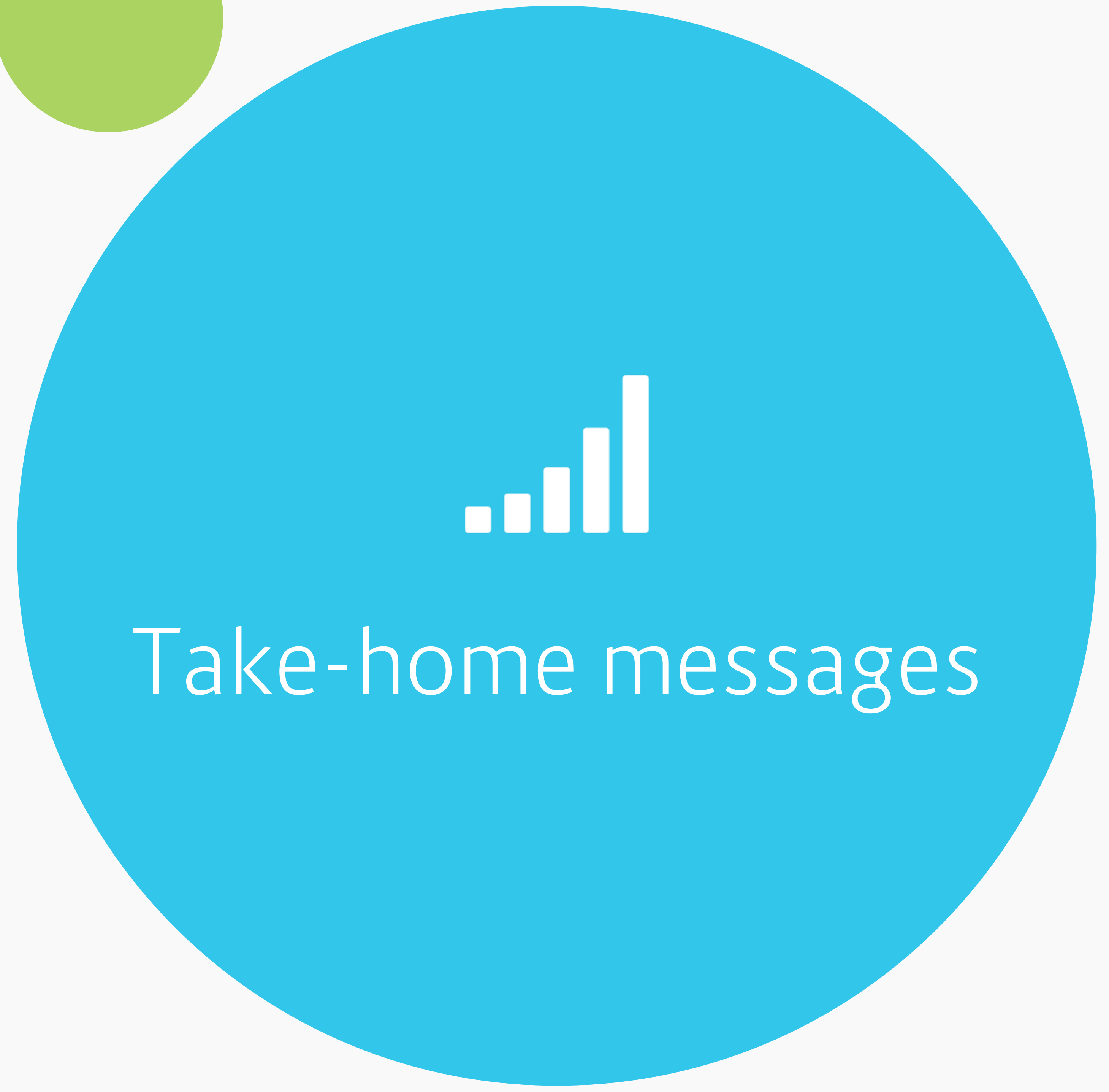
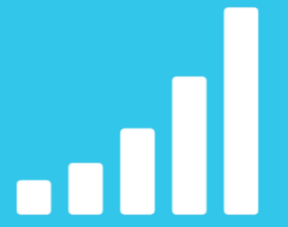


% of patients with 50% response

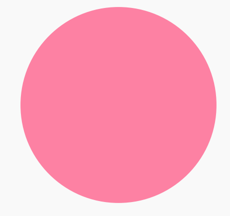
1. Diener HC. J Neurol 2004; 251:943-50.; 2. Dodick D, Clin Therapeutics 2009;31(3):542-59. 3. Kalita J. Acta Neurol Scand 2013;128:65–72. 4. Couch JR. *Headache* 2011;51:33-51. 5. Gonçalves AL. J Neurol Neurosurg Psychiatry 2016;87:1127–1132. 6. Stovner LJ. Cephalalgia 2014;34(7) 523-32. 7. Trovnik E, *JAMA 2003;289:65-69.* 8. Aurora SK, Headache 2011;51(9)1358-73. 9. Dominguez C. Eur J Neurol 2018;25(2):411-6. 10. Silberstein S, Headache 2007;47(2)170-80.; 11. Silberstein S; Headache 2009;49(8):1153-62; 12. Diener HC, Cephalalgia 2007;27:814-23.13. Luo Pain Med 2012;1:80-6. 14. Mentenopoulos G. Cephalalgia 1985;5 suppl 2:135-40. 15.Martinez-Lage JM Cephalalgia 1988;8 suppl8:15-20.

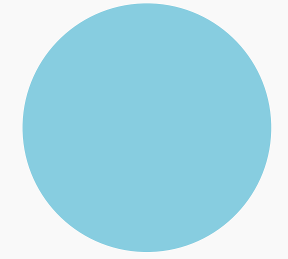
Other treatment modalities

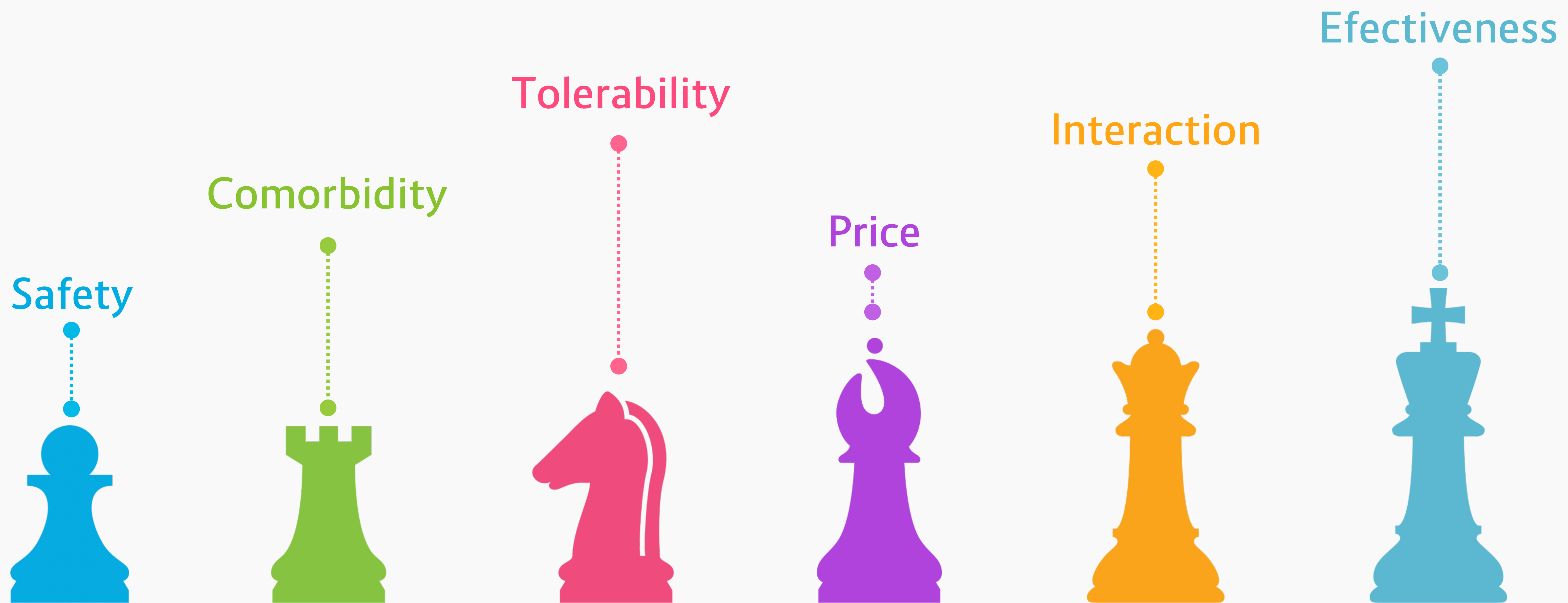
Anesthetic blockade, botulinum toxin, monoclonal antibodies, non-invasive stimulation, invasive stimulation

Take-home messages







Some thoughts for **Future**

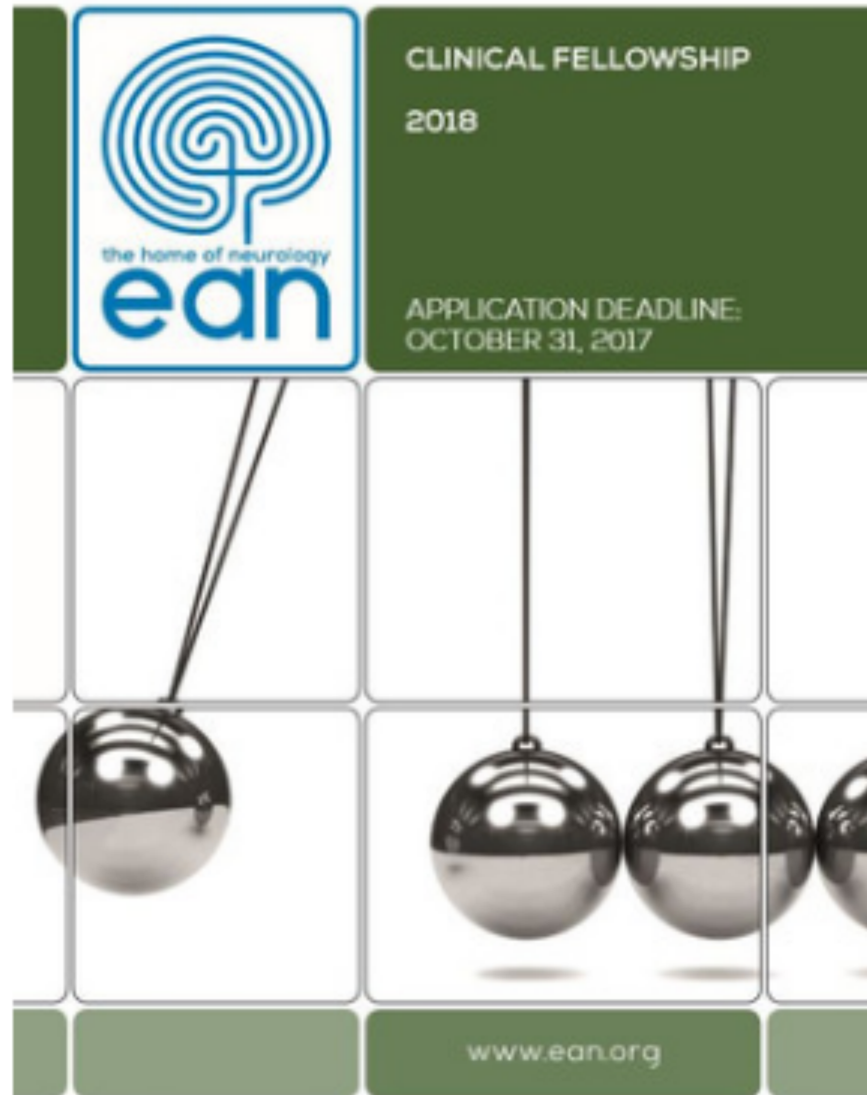
Tassorelli C. Cephalalgia 2018;38(5):815-832.

Haywood KL. Cephalalgia 2018;38(7)1374-86.

resident and research fellow section

Clinical Fellowship

the home of neurology



Purpose (subject in negotiation)

- **Provide clinical observational experience** at a **hosting department outside the country of residence**
- At least **6 weeks**

Award

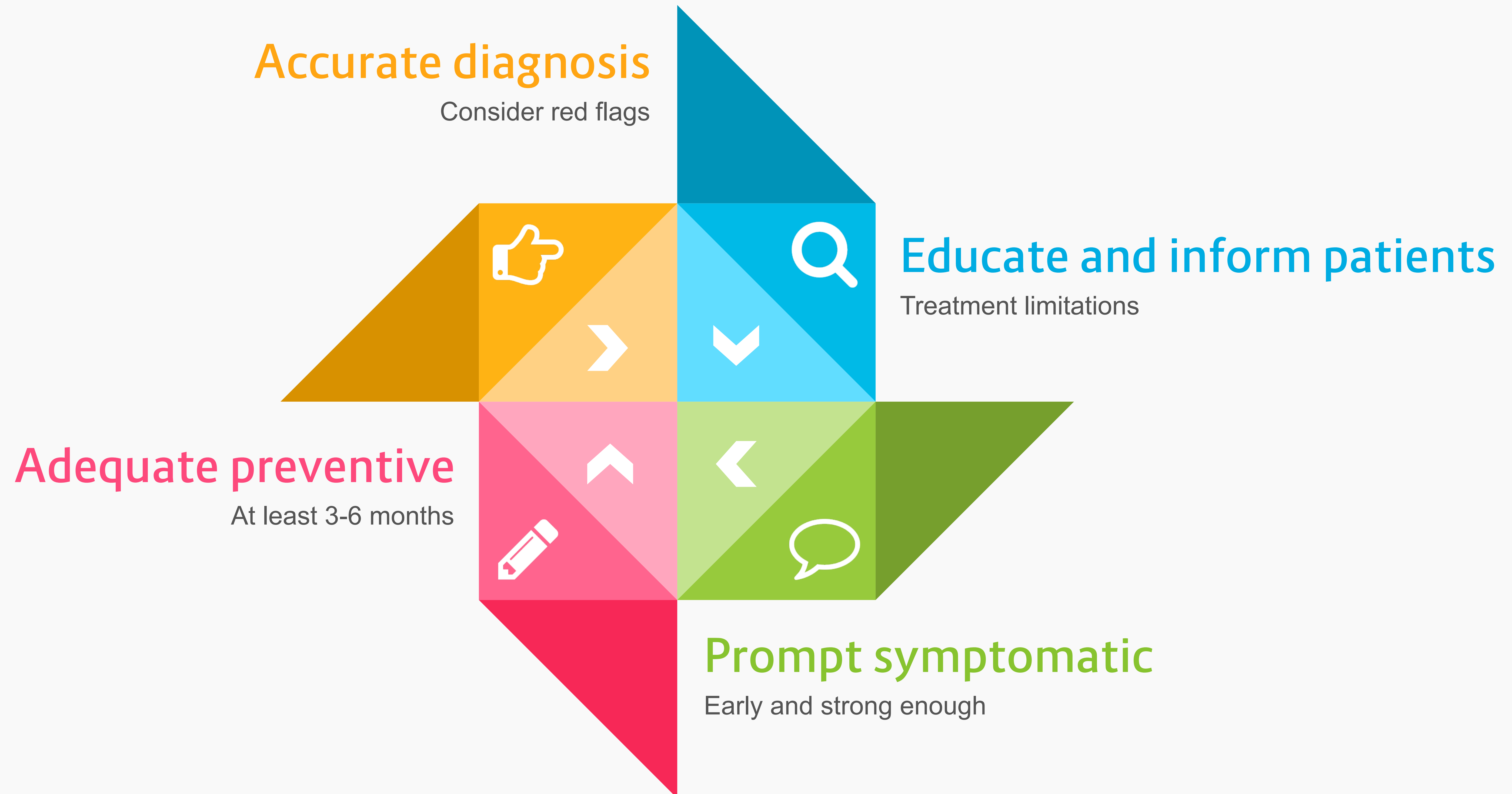
- **35 grants**
- **2250 Euro**
- travel expenses of up to **300 Euro**
- Total: **2550 Euro**

UNIVERSITY OF COPENHAGEN
FACULTY OF HEALTH AND MEDICAL SCIENCES

MASTER OF HEADACHE DISORDERS

Take home messages

Primary headache management



Thank You for Watching!

Any Questions?

Primary headache disorders in adults

David García-Azorín

davilink@hotmail.com

How do we treat during pregnancy?

Different therapeutic options.