



Education and better understanding of the condition can be facilitated by directing patients to [NHS Choices: Headaches](#) where a number of information leaflets can be accessed.

- If relevant, consider stopping combined oral contraceptive. **Note:** combined OCP is contraindicated in migraine with aura
- Ensure not overusing analgesics or triptans<sup>5</sup>
  - Triptan overuse headache usually improves 2 weeks after ceasing triptan, but can take up to 3 months
  - Medication overuse headache improves/resolves within 3 months of analgesic cessation
- Modify lifestyle (adequate sleep, exercise, hydration, cut out caffeine, trigger avoidance, deal with psychosocial factors if possible)

**Migraine prophylaxis:** If necessary, try the following for **3 months at the highest tolerated target dose** before judging efficacy:-

- Propranolol MR 80mg od increasing gradually if tolerated to a maximum of 240mg od
- If propranolol ineffective or contraindicated then topiramate 25mg od increasing by 25mg every fortnight aiming for a target of 50mg bd. **NOTE:** teratogenic and potential interaction with oral contraceptives. Increasing in 15mg increments can enhance tolerability. Often causes paraesthesia (warn patients, not usually a reason to cease) and weight loss. Watch out for worsening depression.
- Other options [*unlicensed, but standard practice*]: Amitriptyline 10mg at night increasing by 10mg a week up to 100mg at night **or** gabapentin 100mg tds increasing by 100mg tds to 900mg tds

**Tension Type Headache prophylaxis:** Amitriptyline as above. Acupuncture, if available.