
Treating Migraine Headaches: Some drugs should rarely be used

Migraine attacks can last for hours—or even days. They can cause intense pain, nausea and vomiting. They can make you sensitive to light or noise and they can affect your life and work.

To treat migraines, you may be given a prescription for an opioid (narcotic) or a barbiturate (sedative) called butalbital. These are pain medicines. But you should think twice about using these drugs for migraine. Here's why:

These drugs can make headaches worse.

Using too much pain medicine can lead to a condition called medication overuse headache (MOH). Two kinds of pain medicine are more likely to cause MOH:

- Drugs containing opioids—such as codeine (Tylenol-3® and generics), morphine (Statex® and generics), Hycodan (5 mg) or oxycodone (Percocet® and generics).
- Drugs containing butalbital (Fiorinal, Pronal, Trianal and generics).

They are not as effective as other migraine drugs.

There are other drugs that can reduce the number of migraines you have and how severe they are—better than opioids and butalbital. Even in the emergency room—where people with severe migraines often ask for opioids—better drugs are available, including triptans.

They have risks.

Opioids and butalbital can cause serious withdrawal symptoms if you stop taking them suddenly. People who use high doses for a long time may need to be in the hospital in order to stop using them.



Opioids, even at low doses, can make you feel sleepy or dizzy. Other side effects include constipation and nausea. Using them for a long time can lower your sex drive and cause depression and sleep problems.

Which drugs are good for migraines?

If you have migraine attacks, try one of the drugs listed below. They all work best if you use them when the migraine is just beginning.

1. Start with a non-prescription pain drug like acetylsalicylic acid (ASA), ibuprofen or acetaminophen. If these are not helpful, you can try other non-steroidal anti-inflammatory drugs (NSAIDs), some of which need a prescription, like diclofenac potassium and naproxen sodium.
2. If these drugs do not help, or your headaches are more severe, try one of the prescription migraine drugs called triptans, such as sumatriptan (Imitrex and generic).
3. If a triptan is helpful but not as effective as you would like, you may combine a triptan with an NSAID (take them simultaneously).
4. If the above options are not helpful, you can

try dihydroergotamine nasal spray (Migranal). This drug works even better as an injection (Dihydroergotamine AMP and generic). You can do the injections yourself once you are trained.

5. If you have a lot of nausea with your attacks, all of the above medications can be combined with an anti-nausea medication, like metoclopramide.

If you have migraines often, or if they are very severe, ask your health care provider about drugs to prevent headaches.

When are opioids or butalbital useful for migraines?

Your health care provider may suggest an opioid if none of the treatments listed above help, or if you have bad side effects. It is not clear if butalbital should be used at all for treating migraines. If your health care provider prescribes butalbital for your migraines, ask why. And ask if there are any other drugs that would work instead.

Limit the use of all pain medicines.

- Do not use prescription pain medicine for headaches for more than nine days in a month.
- Do not use non-prescription pain medicine like acetaminophen or NSAIDs on more than 14 days in a month.

About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

How this pamphlet was created:

This pamphlet was adapted with permission from a similar pamphlet used in the US Choosing Wisely campaign, organized by the ABIM Foundation. Modifications were made to ensure relevance for a Canadian audience. Canadian reviewers of this pamphlet included the Canadian Headache Society.

This pamphlet is for you to use when talking with your health care provider. It is not a substitute for medical advice and treatment. Use of this pamphlet is at your own risk.

How to manage migraines

Some migraines can be managed without drugs. Talk to your health care provider about how to:

Avoid triggers. These are things that bring on your headaches. Common food triggers are chocolate, cheese, alcohol, foods with MSG, and meats with nitrates (such as some processed meats). Other common triggers are strong smells, bright light, skipping meals, and smoking.

Reduce stress. Stress can bring on migraines. Try doing activities to help you relax, such as meditation, walking or swimming, yoga, tai chi, or stretching exercises. If you feel anxious or depressed, ask your health care provider to help you treat these conditions or refer you to a psychiatrist for treatment.

Get regular sleep and exercise. Too much or too little sleep can lead to migraines. Aim for seven to eight hours a night, with a regular bedtime and wake-up time. Physical activity, such as walking or swimming, can also help prevent obesity, a risk factor for migraines.

Control symptoms. When you get a migraine, lie down in a quiet, dark room if you can. Put a cold cloth or compress over your forehead, massage your scalp, or press on your temples. Drink plenty of water, especially if you have vomited. It is helpful to take medications as early as possible.

Keep a headache diary. This can help you figure out what your triggers are and keep track of the medicines you use. Write down:

- When the pain began.
- What you were doing before the pain began.
- What you ate and drank in the 24 hours before the headache.
- The medicine and dose you used to treat the pain and when you took it.
- How well your headache attack responded to the medication.

Visit www.migrainecanada.org for more information.