**Headache Information Sheet for Patients**

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There are many treatments for your headaches, some which will work, and some which won’t.

**Lifestyle**

Lifestyle is Key! A migraine brain does not like change.

These things are all in your hands and are extremely important.

1. Sleep

You need at least 8 hours of sleep a night. Try to go to bed and get up at the same time every night, even the weekends. Sleeping in and staying up late as well as chronic sleep deprivation can trigger migraines.

2. Diet

This is a very controversial area and people tend to have strong opinions on the topic. Essentially find a way of eating (not a diet) that will work for you in the long term. In general, avoid processed foods and foods with lots of sugar. There are certain foods that are triggers for headaches (red wines, aged cheeses, processed meats etc). Learn your own triggers but be aware of elimination diets. Often foods are blamed for headaches and they are NOT the cause. Make sure to stay hydrated with water throughout the day.

I tend to support a low carbohydrate approach. The “Diet Doctor” website if very evidence based.

I think it is really important to tackle emotional eating and to learn mindfulness. One podcast I really like for diet (as well as overall life advice!) is “The lifecoach podcast with Brooke Castillo”. She also has an audiobook I found for free called “If I’m so smart why am I still fat?”

If you are interested in intermittent fasting check out “The Obesity Code” by Dr. Jason Fung who is one of the world’s leading experts on the topic. Plus, he is Canadian!

Having a healthy weight (body mass index) is important for your health for so many reasons. Researchers have shown that obesity is linked to migraine. Just another reason to try to lose weight.

3. Exercise

Doing 30 minutes of daily aerobic exercise will help your headaches (and is good for your body and overall health). Do whatever you enjoy; a walk; hike, a bike ride with your kids etc. Yoga has been shown to be particularly effective in helping headaches.

4. Caffeine

Limit to one regular coffee (no espresso) or tea per day. The best is to avoid caffeine altogether as it can make headaches worse.

**Alternative Medicine**

Massage, Chiropractic, Stretching and Acupuncture may all be helpful.

Many patients find essential oils are helpful. I personally like many of the migraine roll ons, especially those that contain lavender.

Depression/Anxiety

Biofeedback, Cognitive Behavioural Therapy and Stress Education techniques can work well. Talking with a psychologist can provide you with pain coping skills.

There is a strong link between headache depression and anxiety. Please talk to me if you are suffering, there are people who can help.

Meditation is a wonderful way to relax and has been shown scientifically to help reduce stress and headaches. There are a lot of great apps out there, many of them free.

A few I have used include Insight timer and Calm app but I’m sure there are many other great ones and I look forward to hearing your suggestions!

There are great mindfulness and anxiety courses in the community that your family doctor can refer you to such as BCALM. CBT Skills Canada is another great resource as well as Kelty’s Key.

**Supplements**

Please note that these supplements are not regulated by Health Canada of the FDA for safety or efficacy. There is evidence for the following:

1. Melatonin 3 mg 1-2 hours before bedtime
2. Butterbur

-This supplement is no longer routinely recommended due to possible liver damage. Petadolex is considered to be the safest product

1. Magnesium 250 mg morning and night

-do not take while pregnant.

1. Vitamin B2 (riboflavin) 200 mg twice daily
2. Coenzyme Q10 150 mg daily
3. Melatonin

**Resources**

Books

“Migraine: More than a Headache” by Dr. Elizabeth Leroux

 “Managing Pain Before Pain Manages You” by [Margaret A. Caudill MD PhD MPH](http://www.amazon.ca/s?_encoding=UTF8&field-author=Margaret%20A.%20Caudill%20MD%20%20PhD%20%20MPH&search-alias=books-ca)

Webpages

Migraine Canada: https://migrainecanada.org

[www.miraineworldsummit.com-](http://www.miraineworldsummit.com-) great resources and on line talks

American Headache Society Toolbox page. https://americanheadachesociety.org/

**Medications**

Take your mediations as prescribed by your family doctor or myself.

These medications usually have two names, a generic and a brand name. It can be confusing!

There are two categories of medications:

1. Acute Medications- Rescue medications

- treat a headache after it comes on

- take these only when you have a headache

1. Preventatives

-take daily

-can take 2-3 months of regular use to see an effect

-goal is to reduce your headaches by 50%

-talk to a doctor before stopping as you might have to wean off carefully. It can be dangerous to stop these medications abruptly.

**Please let me know if you are pregnant or planning a pregnancy as some of these medications can be dangerous.**

Please have an accurate list of your medications for each visit as I will need to check for any potential drug interactions.

**Acute/Rescue medications:**

**NSAIDS- Anti-inflammatories:**

* Cambia, ibuprofen, naproxen
* You cannot take these medications if you have an active stomach bleed and always discuss with your doctor or pharmacist if you have heart disease prior to taking
* Cambia- prescription medication. Small packet of powder that you dissolve is a small amount of water. Starts working in 5 minutes and peaks within 15 minutes

**Anti nauseants:**

* Maxeran/metoclopramide/metonia
* Domperidone
* Ondansetron/Zofran
* Gravol isn’t overly helpful and often just makes people sleepy
* Ginger can be helpful.

**Narcotics/Opioids:**

* Tylenol #3, Oxycontin, Dilaudid

-try to avoid these if at all possible! These medications put you at risk for rebound headache and make your other medications less effective.

**Triptans:- migraine specific medications**

You cannot take these medications if you have a history of stroke or heart disease or uncontrolled risk factors.

* \*Almotriptan (Axert) 6.25mg-12.5 (max 25mg 24 hours)
* \*Eletriptan (Relpax) 20-40mg (max 40mg)
* \*Rizatriptan (Maxalt) 5-10mg tab and disintegrating tablet (max 20mg)
* Sumatriptan (Imitrex) 25, 50,100mg (max 200mg) and Nasal spray 5-20mg (max 40mg), 6mg SC
* Zolmitriptan (Zomig) 2.5mg tab, oral disintegrating tab, (max 10mg) nasal spray 5mg (max 10mg)
* Naratriptan
* Frovatriptan (Frova) 2.5 (max 7.5mg) and Naratriptan (Amerge) 1-2.5mg (max 5mg)
	+ very slow but can be used for mini prophylaxis ie around menses

**Gepants:**

You might have heard of these new medications.

There are two for rescue treatment ie treating headache as it comes on:

* ubrogepant (Ubrevly)
* rimgepant (Nurtec)

Daily preventative version Atogepant (Qulipta).

Ubrogepant or Rimegepant should be taken right at the onset of headache. Unlike other rescue medications there is little to no risk of medication overuse/rebound headache. As well, you can still take your anti-inflammatory medication or triptan medication with a gepant.

As mentioned, please always give me an updated medication list as there are some drug interactions. The main ones we are concerned about are oral antifungal medications (ie fluconazole), some antibiotics (ciprofloxacin) and seizure medications (Carbamazepine).

If you have mild to moderate kidney or liver disease or are over 65 years old, you should take the ubrogepant 50 mg tablet rather than the 100mg tablet.

There is a great resource by Dr. Tepper on the American Headache Society toolbox page.

https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13791

**How to take these medications:**

You need to treat your headache FAST. You have a 1-hour window of opportunity to treat your headaches. Once the headache takes hold no medication will work. Keep these medications handy. You will get to know YOUR headaches and how you respond to the medication. These medications can work **well together** (synergically)

1. Start with Cambia or other anti-inflammatories (as long as you have been told not to take them due to stomach upset/ulcers, heart disease etc)
2. You can take a gepant medication when the headache just starts
3. If headache continues to build, add your triptan medication
4. Add Maxeran (metonia) if you have nausea
5. If you wake with a headache or you know it will be a severe one, you may need to take a combination of your medications: anti-inflammatory, triptan, gepant and anti nauseant

**Medication overuse headache- rebound headache**

Sometimes you have so many headaches you can’t treat all of them

We aim to be taking abortive medications less than half the days of the month

Take triptans only 9 days a month

**Overall goal: Take a rescue medication only 3 times a week!**

The exception to this rule is Ubrevly or Nurtec which you can take more frequently.

**Preventatives: taken daily**

All of these medications have pluses and minuses. Each person will react differently to each medication and may or may not experience side effects.

It takes 2-3 months for these medications to work, so try to stick with it. If you have side effects and cannot continue the medication, please call me. We start these medications at a low dose and then have to “ramp up” slowly.

The goal of a daily medication is to release your headaches by 50%. No medication will get rid of all your headaches.

I think of the headache centre in the brain like a full glass of water. Too much stimulation (ie stress, poor sleep, weather change) is enough to overfill this glass of water and it overflows. This causes a wave of electrical activity through your brain which causes the migraine. These daily medications work to dump some of the water out so your brain is less likely to overflow and cause a migraine.

Remember to talk to me or your family doctor if you want to stop one of your daily medications as often you will have to wean off of these slowly.

**Tricyclic Anti depressants**

* Amitriptyline- Elavil -taken 2-3 hours before bed
* Nortriptyline- Aventyl

**Beta Blockers**

* Metoprolol, propranolol etc

**ARB:**

* Candesartan

**Ace Inhibitors:**

* Lisinopril

**Anti seizures:**

* Topiramate- Topamax-
* Gabapentin- Neurontin –
* Valproic acid

\*\*with this class of medication you have to be very careful not to stop abruptly. Always talk to your doctor.

**Calcium channel blockers:**

* Verapamil
* Sibelium- flunarizine

**Misc:**

* Duloxetine- Cymbalta
* Venlafaxine- Effexor
* Memantine

**Botulinum Toxin A** (Botox) is an effective treatment for many people. This requires a series of injections done every 3 months. This is an expensive treatment ($600-$800 each treatment). However, most insurance plans will cover this just as they do your other medications. If it is decided that will pursue Botox, my office will ask for your insurance information and we will write to your carrier to see if coverage can be obtained. Unfortunately, in BC, unlike many other provinces, there is no MSP fee code for doctors to inject Botox. Like the other headache specialists in Victoria I have an injection fee of $175. Please write to complain to the government about his. Doctors have not been able to make any headway but perhaps patients will! There is a $35 fee for any insurance paperwork.

These injections don’t work right away. It can take up to 2-3 rounds to see an effect. You have a very good chance of having at least a 50% reduction in your headaches.

Botox comes in a powder and the pharmacist must mix it with saline in order for it to be injected. Our office uses Brentwood Pharmasave. The pharmacist will mix the Botox and deliver it to our office the morning of your injection. If you will miss your appointment for some reason, please call the pharmacy as soon as possible! Once the Botox is mixed, we have 24 hours in which to use it before it must be discarded.

Botox is a very safe medication. The most common side effects are cosmetic ie raising or dropping an eyebrow and these are always temporary.

**CGRP blockers- Monoclonal antibodies**

* You may have read about these exciting drugs! There are 4 CGRP drugs.
* Aimovig (erenumab), Emgality (galcanezumab), Ajovy (fremanezumab), and Vyepti (Eptinezumab) available in Canada
* These are once monthly injections that you do yourself, similar to a diabetic insulin injection or epi pen. Vyepti is an IV infusion.
* The pharmacy will explain how to do the injections.
* To get coverage, patients need to fail 2 oral, daily preventative medications.
* Most private insurance companies will cover these medications.
* Pharmacare will cover Emgality, Ajovy and Vyepti. Aimovig is not covered.
* To get continued coverage the insurance plans require that you have a 50% improvement in your headaches with treatment.
* Most insurance plans require you to fail TWO ORAL daily preventative medications before they will cover this medication.
* There are issues with most extended medical plans covering both Botox and CGRP blockers at the same time (even though the combination approach works well in hard-to-treat migraines).
* These medications should not be used in people who have had recent heart attacks or strokes.

Many of these medications are very dangerous to a developing baby so please tell me if you become pregnant or are planning a pregnancy! You should stop these medications for 5 months before trying to conceive.

**Atogepant- Qulipta**

* This is a new oral gepant medication that you take once a day.
* Pharmacare has recently approved this medication for coverage.
* Most insurance plans require you to fail TWO ORAL daily preventative medications before they will cover this medication.

**Neuromodulation:**

Vagal nerve stimulator

* This is a device indicated for both Migraine and Cluster headache. Quite expensive and not covered by insurance.

Cephaly

* Nerve stimulator over forehead. You can purchase. Some evidence.

There are more devices coming. You may have heard of Spring TMS, eNeura.

Stay tuned!

**Miscellaneous**

IceKap

* This is a product developed by a local woman and headache sufferer. It is a neoprene cap with gel ice packs.

<https://www.icekap.ca>

FLK 41 lenses

* These glasses have a specific tint that block the light spectrum that can cause migraine.
* Talk to your optometrist

There is a tint you can get on your computer called f.lux which can decrease the blue light

**Headache Diary**

It is important to keep track of your headaches and how many days a month you require treatment with medication. Please bring this with you to each appointment, even if you just write this on a kitchen calendar.

There is a great new app called the Canadian Migraine tracker.