SYMPTOMATIC TREATMENT
Many available resources

Most of them open access. Take the opportunity to create AFAN official version!
Stepwise Treatment

3 different levels, NOT APPLICABLE IN MIGRAINE

01
Non-steroidal anti-inflammatory drugs
Plus antiemetic if needed

02
Ergots
No longer used

03
Triptans
Oral
Intranasal / subcutaneous
How to **use them**

- Avoid persistent pain
- Early treatment
- Avoid relapse

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
<table>
<thead>
<tr>
<th>Compuesto</th>
<th>Dosis recomendadas y vía de administración</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ácido acetilsalicílico</td>
<td>500-1.000 mg, oral</td>
</tr>
<tr>
<td>Naproxeno sódico</td>
<td>550-1.100 mg, oral</td>
</tr>
<tr>
<td>Ibuprofeno</td>
<td>600-1.200 mg, oral</td>
</tr>
<tr>
<td>Diclofenaco sódico</td>
<td>50-100 mg, oral; 100 mg, rectal; 75 mg, parenteral</td>
</tr>
<tr>
<td>Dexketoprofeno</td>
<td>25-50 mg, oral; 50 mg, parenteral</td>
</tr>
</tbody>
</table>
NSAIDs contraindications & problems

Do not forget them!

1st
Digestive problems
Dyspepsia, GI bleeding

2nd
Nephropathy
In case of prolonged utilization

3rd
During pregnancy
Premature ductus closure risk

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
Should we offer it always?

What do you think?

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

No
- Migraine is lifelong
- It is just a headache
- It is expensive
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


Betablockers


Botulinum toxin

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

Gepants, PACAP-38, devices

CGRP Antibodies


Flunarizine


Topiramate

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.

- **AMITRYPTILINE** 10-25 mg /24h 0-0-1
<table>
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<tr>
<td>Hypertension, tremor, anxiety</td>
</tr>
<tr>
<td>COPD, Asthma, Cardiac failure</td>
</tr>
<tr>
<td>Hypotension, fatigue, impotence</td>
</tr>
<tr>
<td>PROPRANOLOL: 10mg/8h-40 mg, METOPROLOL, NEBIVOLOL</td>
</tr>
</tbody>
</table>

García-Azorín Guías de Práctica Clínica, Ed. Luzan 5, 2019
Topiramate

- Overweight, epilepsy
- Nephrolitiasis, glaucoma, renal insufficiency.
- Confusion, depression, paresthesias, weight loss, gastrointestinal.

TOPIRAMATE $\uparrow 25$ mg weekly $\rightarrow 75-100/12h$
Lisinopril/Candesartan

- Hypertension, depression
- Renal artery stenosis, severe cardiac failure
- Fatigue, hypotension.
- LISINOPRIL 5-10mg, CANDESARTAN 4-16mg
Flunarizine

- **Insomnia**

- **Depression, Extrapiramidal, Cardiopathy.**

- **Weight gain, depression, somnolence.**

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

- Depressed, anxiety
- Elderly.
- Asthenia, dizziness, sexual dysfunction.
- VENLAFAXINE 37,5 MG - 75 MG
Efficacy versus placebo.

% of patients with 50% response

Other treatment modalities

Anesthetic blockade, botulinum toxin, monoclonal antibodies, non-invasive stimulation, invasive stimulation
Take-home messages
Safety
Comorbidity
Tolerability
Price
Interaction
Efectiveness

Some thoughts for Future

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

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
MASTER OF HEADACHE DISORDERS
Take home messages

Primary headache management

Accurate diagnosis
Consider red flags

Educate and inform patients
Treatment limitations

Adequate preventive
At least 3-6 months

Prompt symptomatic
Early and strong enough
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.