

Dubai Standards of Care – 2018

(Migraine)



Preface

Migraine is one of the most common problem dealt with in daily practice. In Dubai, the management of migraine is done through various different strategies. The following guidelines was adopted from the *National Institute for Health and Care Excellence* (NICE) in order to create a unified approach to the management of migraine. In addition to that, these guidelines were developed to act as a guide for clinical practice, based on the best available evidence at the time of development. Adherence to these guidelines may not necessarily guarantee the best outcome in every case. Every health care provider is responsible for the management of his or her unique patient based on the clinical picture presented by the patient and the management options available locally.

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Acknowledgment

“Dubai standards of care – Migraine”

These guidelines were established in order to achieve effective management of migraine as well as increase awareness and prevention. In addition to that, these guidelines aim to improve evidence based approaches especially appropriate medication prescribing.

These guidelines were prepared and approved by the Dubai Standard of Care Taskforce.

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Dubai Standards of Care- Migraine

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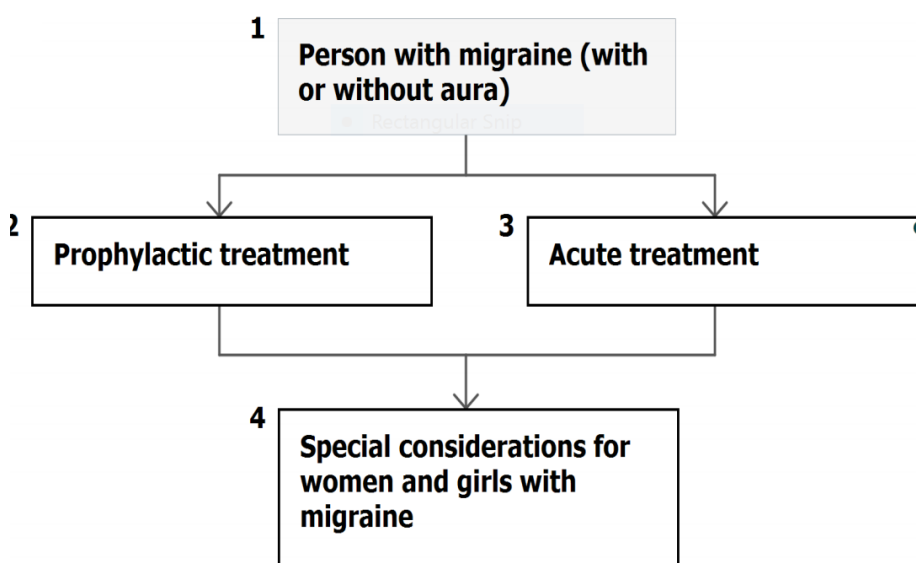
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Dubai Standards of Care- Migraine

Management of migraine (with or without aura)

NICE Pathways



Person with migraine (with or without aura)

No additional information



Prophylactic treatment

Discuss the benefits and risks of prophylactic treatment for migraine with the person, taking into account the person's preference, comorbidities, risk of adverse events and the impact of the headache on their quality of life.

Offer topiramate or propranolol for the prophylactic treatment of migraine according to the person's preference, comorbidities and risk of adverse events.

Advise women and girls of childbearing potential that topiramate is associated with a risk of fetal malformations and can impair the effectiveness of hormonal contraceptives. Ensure they are offered suitable contraception if needed.

Consider amitriptyline² for the prophylactic treatment of migraine according to the person's preference, comorbidities and risk of adverse events.

Do not offer gabapentin for the prophylactic treatment of migraine.

If both topiramate and propranolol are unsuitable or ineffective, consider a course of up to 10 sessions of acupuncture over 5–8 weeks according to the person's preference, comorbidities and risk of adverse events.

For people who are already having treatment with another form of prophylaxis and whose migraine is well controlled, continue the current treatment as required. Review the need for continuing migraine prophylaxis 6 months after the start of prophylactic treatment.

Advise people with migraine that riboflavin (400 mg³ once a day) may be effective in reducing migraine frequency and intensity for some people.



Botulinum toxin type A

The following recommendations are from NICE technology appraisal guidance on botulinum toxin type A for the prevention of headaches in adults with chronic migraine.

Botulinum toxin type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine):

- that has not responded to at least three prior pharmacological prophylaxis therapies **and**
- whose condition is appropriately managed for medication overuse.

Treatment with botulinum toxin type A that is recommended above should be stopped in people whose condition:

- is not adequately responding to treatment (defined as less than a 30% reduction in headache days per month after two treatment cycles) or
- has changed to episodic migraine (defined as fewer than 15 headache days per month) for three consecutive months.

People currently receiving botulinum toxin type A that is not recommended above should have the option to continue treatment until they and their clinician consider it appropriate to stop.

Interventional procedures

NICE has published guidance on the following procedures with special arrangements for clinical governance, consent and audit or research:

- transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine
- transcutaneous stimulation of the cervical branch of the vagus nerve for cluster headache and migraine
- transcranial magnetic stimulation for treating and preventing migraine



- occipital nerve stimulation for intractable chronic migraine
- percutaneous closure of patent foramen ovale for recurrent migraine.

Flunarizine

NICE has published an evidence summary on migraine prophylaxis: flunarizine.

Acute treatment

Offer combination therapy with an oral triptan¹ and an NSAID, or an oral triptan and paracetamol, for the acute treatment of migraine, taking into account the person's preference, comorbidities and risk of adverse events. For people aged 12–17 years consider a nasal triptan in preference to an oral triptan.

For people who prefer to take only one drug, consider monotherapy with an oral triptan, NSAID, aspirin² (900 mg) or paracetamol for the acute treatment of migraine, taking into account the person's preference, comorbidities and risk of adverse events.

When prescribing a triptan, start with the one with the lowest acquisition cost; if this is consistently ineffective, try one or more alternative triptans.

Consider an anti-emetic in addition to other acute treatment for migraine even in the absence of nausea and vomiting.

Do not offer ergots or opioids for the acute treatment of migraine.

For people in whom oral preparations (or nasal preparations in young people aged 12–17 years) for the acute treatment of migraine are ineffective or not tolerated:

- offer a non-oral preparation of metoclopramide³ or prochlorperazine **and**
- consider adding a non-oral NSAID or triptan if these have not been tried.



Special considerations for women and girls with migraine

Menstrual-related migraine

For women and girls with predictable menstrual-related migraine that does not respond adequately to standard acute treatment, consider treatment with frovatriptan (2.5 mg twice a day) or zolmitriptan² (2.5 mg twice or three times a day) on the days migraine is expected.

Combined hormonal contraceptive use

Do not routinely offer combined hormonal contraceptives for contraception to women and girls who have migraine with aura.

Treatment of migraine during pregnancy

Offer pregnant women paracetamol for the acute treatment of migraine. Consider the use of a triptan or an NSAID after discussing the woman's need for treatment and the risks associated with the use of each medication during pregnancy.

Seek specialist advice if prophylactic treatment for migraine is needed during pregnancy

Sources

Headaches in over 12s: diagnosis and management (2012 updated 2015) NICE guideline CG150

Botulinum toxin type A for the prevention of headaches in adults with chronic migraine (2012) NICE technology appraisal guidance 260