



# **An Action Guide for the Treatment of Migraine: Next Steps for Patients**

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**Completed by:**

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# Introduction

## **About This Guide**

Evidence from clinical research provides a critical foundation for judgments that patients, clinicians, and health insurers must make about treatment choices and coverage policies. Yet that evidence is often not translated in a way that is helpful to inform health care decisions. This guide is designed to help patients make use of the results of a recent review entitled “*Controversies in Migraine Management*” that was developed by the Institute for Clinical and Economic Review (ICER) and faculty at University of California, San Francisco. This report formed the basis for the discussion and votes of the California Technology Assessment Forum (CTAF) Panel. The panel is an independent committee of medical evidence experts from across California, with a mix of practicing clinicians, methodologists, and leaders in patient engagement and advocacy. They evaluate evidence and vote on the comparative clinical effectiveness and value of medical interventions. All CTAF Panel members meet strict conflict of interest policies.

CTAF held its public meeting on controversies in migraine management on July 11, 2014 in Los Angeles, California. A full report summarizing the discussion and votes taken is available on the [CTAF website](#). We developed this Action Guide to provide specific evidence-based action steps that patients can take. This guide serves as a companion to the evidence review and meeting results. The content provided here is for informational purposes only, and it is not designed to replace professional medical advice.

## **A Note on CTAF Evidence Voting**

Each public meeting of CTAF involves discussion and voting on key questions on the comparative clinical effectiveness and value of the various options discussed. When voting, CTAF Panel members are not told how to interpret value. Rather, the panel members are asked to think in terms of a state Medicaid program or a provider organization deciding how to allocate resources within a relatively fixed budget.

# Action Steps for Patients

This information may help patients with migraines understand more about their treatment options and talk with their doctors about these choices. These action steps are based on the CTAF Panel's judgment of the most up-to-date evidence on the risks and benefits of treatment options for patients with migraine.

- 1. Patients should partner with their doctors to develop a written treatment plan, which can be used to guide daily management. It should also include information on a) methods of prevention, treatment, and use of migraine abortives (to stop the migraine) at home; and b) rescue treatment in the doctor's office, urgent care, or emergency settings when normal treatment has failed.**

Patients know the most about their symptoms and what works best for them as individuals. You should develop a personalized, easy-to-reference, written treatment plan with your doctors, including migraine or headache specialists. To help you better manage your migraine attacks, it should have information on:

- Medicines such as preventives, abortives, and rescue treatments; and
- Strategies such as lifestyle changes and trigger management.

If you are having a severe attack and pre-planned methods are not working, you may need to visit urgent care or the emergency room (ER) for care. In this case, a written treatment plan often helps the doctors treating you to better understand what medicines your health care team has decided may work best to abort your migraine attack or help relieve your symptoms.

Patients seeking relief from migraine symptoms in the ER often expect to receive very strong narcotics including Demerol and Dilaudid, also known as opioids. These medicines do not stop the migraine attack and only lessen pain. There are better, usually safer, treatments to abort the migraine attack itself and relieve symptoms. There are also medicines designed specifically to relieve pain and to reduce nausea, vomiting, and other symptoms that often drive patients to seek emergency help.

There are risks to treating migraine with opioids, including:

- The possibility of transforming the migraine attack pattern from episodic (infrequent) to chronic (15 or more headache days per month),
- Developing medication overuse headache, and
- With time, medication dependency and even addiction.

All patients are different, so each patient needs his or her own treatment plan. However, most treatment plans should state that you and your doctors have agreed that:

- Your first priority is to abort the migraine or use targeted treatments for relief of symptoms, and
- Opioids are the rescue treatment of last resort.

If you do have to visit urgent care or the ER for a severe migraine attack, be sure to quickly schedule a follow-up appointment with your regular doctor to review the reason for the visit and talk about any needed changes to your treatment plan.

More information may be found at these links (and in the Appendix):

- Health Central: <http://www.healthcentral.com/migraine/medications-462715-5.html>
- Choosing Wisely: <http://www.choosingwisely.org/doctor-patient-lists/treating-migraine-headaches/>
- San Diego County Medical Society: <http://www.sandiegosafeprescribing.org/>  
<http://www.sdcms.org/Portals/18/Assets/Lev%20Docs/SafePrescribingEnglish91113Cropped.pdf> (English)  
<http://www.sdcms.org/Portals/18/Assets/Lev%20Docs/SafePrescribingSpanishCropped.pdf> (Spanish)

## **2. Become an educated patient. Talk frequently with your health care team to understand the latest information on eliminating triggers for migraine and alternative therapies to prevent or relieve migraine symptoms.**

The best times to talk about managing your migraine attacks are when you are not having one. It is important to take the time to find a primary care doctor or headache specialist who will work with you to manage your attacks. Adding a family member to your team can be especially helpful too. You should meet with them when you are feeling well to review the things that may trigger a migraine. Triggers can include hormone fluctuations, especially in women; changes in exercise, eating, or sleeping patterns; certain foods and food additives; and strong or distinct odors such as air freshener, perfumes, and cigarette smoke.

Lifestyle changes that you can make to help prevent migraines from occurring include:

- Eating regular meals,
- Regular sleep and the elimination of light and television while sleeping,
- Sleeping and waking in a regular pattern, and
- Regular exercise.

It is also important to discuss what drug therapies are available and most appropriate for you. There are many different types of medication and treatments that may work to keep you from getting migraines or to relieve the symptoms once you have a migraine. Ask your health care team to work together with you to figure out which treatments will work best for you. You should keep that information with you for use at home and elsewhere. You may find it helpful to try several drugs within one category, or to retry a drug that may not have worked sufficiently in the past because it was not used for a long enough time to see if it was effective. New devices that use electrical or magnetic stimulation are being developed and tested, but they have not yet proven their role in preventing or treating migraines.

More information may be found at these links:

- American Academy of Neurology:  
<https://www.aan.com/Guidelines/Home/GetGuidelineContent/544>
- National Headache Foundation:  
<http://www.headaches.org/physicians>  
<http://www.headaches.org/content/diet-and-headache-foods>  
[http://www.headaches.org/education/Tools\\_for\\_Sufferers](http://www.headaches.org/education/Tools_for_Sufferers)
- Consumer Reports Health:  
<http://consumerhealthchoices.org/wp-content/uploads/2012/08/BBD-Triptans-Full.pdf>
- American Headache Society and affiliated organizations:  
[http://www.achenet.org/resources/information\\_for\\_patients/](http://www.achenet.org/resources/information_for_patients/)  
[http://www.achenet.org/resources/patient\\_to\\_patient/](http://www.achenet.org/resources/patient_to_patient/)  
[http://www.americanheadachesociety.org/professional\\_resources/patient\\_education/](http://www.americanheadachesociety.org/professional_resources/patient_education/)  
<http://www.headachejournal.org/view/0/toolboxes.html>
- American Migraine Foundation:  
<http://www.americanmigrainefoundation.org/resources-and-links/>

### **3. Help build the evidence base by participating in research.**

The causes of migraine are not well understood, and migraines are difficult to diagnose. As a result, it is difficult for doctors to know if and how patients will respond to any specific treatment. You can help doctors better understand the causes and types of migraines, how they happen, and to whom by participating in research studies on migraine therapies. These studies will help doctors to identify what treatments will work best for which patients.

More information may be found at this link:

- National Institutes of Health: <http://clinicaltrials.gov/>

# APPENDIX

# SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.



For your SAFETY, we follow these rules when helping you with your pain.

- 1.** We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
- 2.** You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
- 3.** If pain prescriptions are needed for pain, we will only give you a limited amount.
- 4.** We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
- 5.** We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
- 6.** We do not provide missed doses of Subutex, Suboxone, or Methadone.
- 7.** We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
- 8.** Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
- 9.** We may ask you to show a photo ID when you receive a prescription for pain medicines.
- 10.** We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help,  
please call **2-1-1** and ask for  
information on treatment services  
for drug use disorders.

Emergency Departments  
throughout Los Angeles County  
have agreed to participate in this  
important program.

To discuss safer and more helpful  
chronic pain treatment options,  
please schedule an appointment  
with your treating physician.



# ADMINISTRACIÓN DE MEDICAMENTOS PARA EL DOLOR EN LA SALA DE EMERGENCIAS

Nos preocupamos por su salud y bienestar y por lo mismo, nuestro objetivo es tratar sus condiciones médicas—incluyendo el dolor que sienta—de una manera eficaz, segura y adecuada.

El tratamiento para aliviar el dolor puede ser complicado. Los errores o el abuso de medicamentos con receta para lidiar con el dolor pueden provocar graves problemas de salud y hasta la muerte.

Nuestro departamento de emergencias le proporcionará únicamente opciones de alivio del dolor que sean seguras y adecuadas.



Por su salud, siempre que le brindemos ayuda para lidiar con su dolor, seguiremos estas medidas de seguridad:

1. Determinamos y tratamos emergencias. Usamos nuestro mejor criterio para tratar el dolor. Estas recomendaciones siguen consejos legales y éticos.
2. Nos aseguramos que tenga UN solo proveedor y UNA sola farmacia que le ayuden con su dolor. Normalmente no le recetaremos medicamentos para el dolor si usted ya recibe un medicamento contra el dolor de otro proveedor médico.
3. Si necesita un medicamento recetado para lidiar con su dolor, le daremos una cantidad limitada.
4. No surtimos recetas que fueron robadas ni recetas perdidas. Si le roban su receta de un medicamento contra el dolor, por favor póngase en contacto con su proveedor médico, la policía o el sheriff.
5. No recetamos medicinas para el dolor crónico como: OxyContin, MSContin, Fentanyl (Duragesic), Metadona, Opana ER, Exalgo entre otros.
6. No surtimos dosis perdidas de Subutex, Suboxona ni de Metadona.
7. No solemos proveer inyecciones de alivio rápido para el dolor crónico agudo. De intensificarse el dolor, es posible que se le ofrezca un medicamento oral.
8. Las leyes de protección a la salud, entre ellas HIPAA, nos dan acceso a su expediente médico. Estas leyes nos permiten compartir información con otros proveedores médicos que le brindan atención médica.
9. Podemos pedirle que nos muestre una identificación con fotografía cuando reciba un medicamento recetado para el dolor.
10. Usamos el programa *Controlled Substance Utilization Review and Evaluation System* (CURES en inglés), un sistema electrónico estatal que nos permite tener precaución y monitorear la frecuencia con la cual se receta un medicamento opioide para el dolor entre otras sustancias controladas.

Si necesita ayuda, por favor llame al **211** y pida información sobre los servicios de tratamiento para los trastornos por consumo de drogas.

Todos los departamentos de emergencia del Condado de Los Ángeles han aceptado participar en este importante programa.

Si desea aprender más sobre sus opciones para lidiar con el dolor crónico de una manera más segura y eficaz, hable con su médico de cabecera acerca de los tratamientos disponibles.

