Announcer:
This is ReachMD. Welcome to this special series, Rethinking Migraine, sponsored by Lilly. On this episode, titled Starting Preventive Migraine Approaches, we will hear from Dr. Rashmi B. Halker Singh, Assistant Professor of Neurology and Director of the Headache Fellowship Program at the Mayo Clinic in Phoenix, Arizona.

Dr. Singh:
If you feel that your patient would benefit from a prophylactic treatment for a migraine, there are a few things to keep in mind when you have this discussion with them. First of all, you should discuss with your patient, what are the goals of treatment? First of all, obviously, the goals are reduced headache frequency and to improve their lifestyle and reduce disability. Acute treatments might also work better if a patient is on a prophylactic medication. In addition, they may need less of their acute treatment. When you decide what to put your patient on, it’s also important to keep in mind what other medical problems they might have and what other medications they might be on. Most of our first-line migraine preventative medications fall into one of three main categories: antidepressants, antiepileptic medications, and antihypertensives. Each one of these medications carries their own set of possible side effects, and it’s important to keep that in mind when choosing a treatment. For example, if a
patient is struggling with weight, you might want to consider topiramate because weight loss is a possible side effect of that medication. In another patient, if they’re suffering from insomnia, you might want to consider amitriptyline because sedation can be a side effect that you can capitalize on there. Also, when discussing putting a patient on a preventative treatment, it’s important to manage their expectations and set them up for success. Not only is it important to have a detailed discussion with your patient about possible side effects so that they know what to watch out for, and what might happen, and know which side effects are worrisome and worth stopping the medication for, and which ones will probably get better if they continue the treatment. It’s also important to let them know how long they need to be on the medication to deem it an adequate trial. Patients don’t always know that it can take a month or two at a therapeutic dose of a drug to see the benefit, or that we typically start with a very low dose and titrate slowly to avoid side effects. Without managing their expectations, they may be less willing to continue with the drug, and I think it’s very important to have these discussions with your patient to set them up for success.

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