

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/rethinkingmigraine/treating-migraine-primary-care-setting/9958/>

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Treating Migraine in the Primary Care Setting

Opening Announcer:

This is ReachMD. Welcome to this special series, Rethinking Migraine, sponsored by Lilly. On this episode, titled Treating Migraine in the Primary Care Setting, we will hear from Dr. Stephanie Nahas, the Director of the Headache Medicine Fellowship Program at the Jefferson Headache Center in Philadelphia.

Dr. Nahas:

We all know that in the primary care setting time is very limited. Once you've reached the diagnosis of migraine, then comes treatment recommendations. How do you do so quickly and efficiently for your patient, knowing that there are several aspects to treatment including acute medication, preventative treatment, and lifestyle modification? It can be a lot to try to convey and for the patient to digest in just a few minutes, but here are a few tips for you, tools of the trade, tricks to have in your armamentarium so to speak. When it comes to acute treatment, you want to give your patient at least a couple of options. They'll need something for a first line of defense when the pain is just beginning or maybe mild, such as a simple analgesic, as well as a backup or even a rescue medication for when the pain is severe or for when the first-line treatment fails. Typically, this backup or rescue medication will be migraine-specific—in other words, a triptan or an ergot. With preventive therapy, almost all patients need some sort of prevention. It doesn't always mean medication, but it may. If a patient doesn't want medication, perhaps some supplements could be useful. And there are generally 3 categories of preventive medication from which we draw: anticonvulsants, antidepressants and antihypertensive

medications. In choosing which one, you must assess the comorbidities and preferences of the individual patient to find a good fit. Familiarize yourselves with the guidelines set forth by the American Academy of Neurology and the American Headache Society on preventive treatment, both with medications and with complementary and alternative means. Speaking of which, lifestyle modification falls into that latter category, so counseling patients on keeping a regular sleep schedule, regular meal times, assessing for the impacts of stress or other environmental factors that might be modified can be key in helping to manage migraine more effectively. A final word, keeping calendars will also help both you and your patient to assess how treatment is progressing over time until they can get in to see the neurologist or specialist.

Closing Announcer:

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