

Acute treatment of migraine



The AHS 2021 Consensus Statement recommends that all patients with a confirmed diagnosis of migraine should be offered acute pharmacological and/or nonpharmacological treatment¹

The AHS 2021 Consensus Statement¹

Nonpharmacologic interventions include counseling patients on the benefits of:

- Proper nutrition
- Regular exercise
- Adequate hydration
- Proper sleep
- Stress management
- Maintaining a migraine diary

Mild-to-moderate attacks



NSAIDs, nonopioid analgesics, acetaminophen, or caffeinated analgesic combinations

Moderate-to-severe attacks



Mild-to-moderate attacks that respond poorly to nonspecific medications



Migraine-specific agents (triptans, ergotamine derivatives, gepants^a, ditans)

Criteria for initiating gepants, ditans or neuromodulatory devices for acute treatment¹:

- Contraindication or inability to tolerate triptans or
- Inadequate response to ≥ 2 oral triptans

^aAmong the available gepants: rimegepant, ubrogepant, and zavegepant are indicated for treatment of acute migraine.

NSAID, nonsteroidal anti-inflammatory drug.

1. Ailani J, et al. Headache 2021;61:1021–39.