



# Home Study Activity With Podcasts

Clinical Decision Points:  
Profiles in Patient Care for Nurse Practitioners and Physician Assistants  
Based on a Series of National CME/CE Symposia

## Q&A: Migraine

### What Your Colleagues Around the Country Want to Know...

#### Q: Are triptans appropriate for use in teenagers?

A: Triptans are not approved by the US Food and Drug Administration for use in children or adolescents, but there are a number of good studies using triptans in adolescents. The medication typically is used at the low end of the dosage regimen. The adult dosage range is appropriate, but the recommendation is to start at the low end and titrate upward. There have been a number of studies with almotriptan and sumatriptan in children as young as 10 years old that have shown these agents to be safe.

#### Q: Are metoprolol and other beta-blockers still widely used for migraine prophylaxis?

A: Beta-blockers are still prescribed but metoprolol is nonspecific and hasn't been shown to be useful. It is generally considered that the only beta-blockers with efficacy are those with sympathomimetic activity such as pindolol. There is not much migraine clinical trial data behind beta-blockers because they are older drugs.

#### Q: Are steroids useful to treat migraines?

A: Steroids are not used routinely but can be very useful to treat migraines in emergency situations or to treat status migrainous. Intravenous methylprednisolone can be used at doses of 120 mg or higher. Steroids can be used as a rescue medication in patients who are taking triptans or a fixed-combination triptan/nonsteroidal anti-inflammatory drug (NSAID) combination. However, it's important to try to avoid using NSAIDs and steroids together.

#### Q: Would a triptan or an opioid be appropriate for a patient seen in the emergency department (ED) with acute migraine headache?

A: There are a number of choices for treating acute migraine in the ED setting: triptans, opioids, steroids, ketorolac, or dopamine antagonists like metoclopramide or prochlorperazine. Choice of



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treatment can depend entirely on other medical issues and concomitant symptoms the patient has, and what medications are most readily available. If subcutaneous sumatriptan is available, it typically is effective within 30 minutes, but most EDs use medications other than triptans in a situation severe enough to bring a patient to the hospital. Patients seen in the ED obviously need to have their headache treated, but they also need to have their migraine managed. It is essential to encourage follow-up care to prevent the ED from becoming the primary treatment source for acute migraine care.

**Q: What treatment would be recommended for a patient who does not fall into the migraine category but has frequent moderate-to-severe tension type headaches (TTHs)?**

**A:** Moderate-to-severe TTH can be difficult to treat, and, it's important to note, the headache actually may be migraine. It's important to ask the patient to keep a headache diary to help evaluate possible headache triggers and investigate what type of life stress the person is experiencing. It is becoming more clear that people who have frequent headaches of moderate to severe intensity are genetically predisposed in some way and that the predisposition is expressed as susceptibility to central nervous system sensitization. Treatment choices include nonspecific headache medications such as NSAIDs, acetaminophen, and caffeine and aspirin combinations. Exercise is often helpful and warm compresses may bring relief. Biofeedback and other kinds of relaxation techniques also can be effective. But tension headaches can be very annoying and difficult. It is also possible that a patient who presents with what appears to be TTHs may be having bilateral migraine headaches. Migraines can be generated from any of the 3 trigeminal nerve branches. The ophthalmic branch is the classic one and produces a unilateral throbbing migraine. The maxillary branch leads to symptoms that resemble a sinus headache, and headache pain that begins with the mandibular branch runs along the lower part of the jaw and along the back of the neck. It's important to screen for migraine in patients who are having recurrent TTHs that are difficult to manage.