

Managing Migraines with OTC and Nonpharmacologic Treatment Options

TIP SHEET



PREMONITORY

a. Timing

- i. Experienced by most individuals and can begin up to 3 days prior to the onset of head pain

b. Symptoms and characteristics

- i. Fatigue, mood changes, food cravings, and yawning

c. Treatment

- i. Use an early intervention to halt or limit a migraine attack's progression; [over-the-counter \(OTC\) options](#) may be used as adjunct to [nonpharmacological treatments](#)

AURA

a. Timing

- i. May not occur with every migraine attack, and is reversible; approximately one-third of individuals experience aura and it typically lasts less than 60 minutes

b. Symptoms and characteristics

- i. Photopsia (visual changes), speech or motor disturbances

c. Treatment

- i. Use early interventions, including [nonpharmacological treatments](#) and [OTC options](#)

HEADACHE

a. Timing

- i. Pain progresses over the span of up to 72 hours

b. Symptoms and characteristics

- i. Throbbing and unilateral pain that typically progresses from mild to moderate or severe; individuals may also experience non-head symptoms such as nausea and vomiting

c. Treatment

- i. [OTC options](#) have the most evidence: If a medication's initial dose provides inadequate relief, then re-dosing is an option (assuming a second dose is permissible); as an alternative to re-dosing, a different medication can be used

POSTDROME

a. Timing

- i. Known as the "migraine hangover"; sets in after the headache and can last from 24 to 48 hours; affects approximately 80% of people who experience migraines

b. Symptoms and characteristics

- i. While most individuals experience this phase, it is least understood; usually characterized by tiredness, head soreness, mood changes, and cognitive struggles

c. Treatment

- i. Optimize preventative [nutraceutical](#) and [nonpharmacological](#) treatments

INTERICTAL

a. Timing

- i. The time in between attacks which can last from days to years

b. Symptoms and characteristics

- i. People may experience anxiety due to the anticipation and unpredictability of the next migraine attack

c. Treatment

- i. Optimize preventive [nutraceutical](#) and [nonpharmacological](#) therapies, including keeping a diary to assess and avoid triggers

Phases of a Migraine Attack¹⁻⁴

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graph TD; 1((1)) --- P[PREMONITORY]; 2((2)) --- A[AURA]; 3((3)) --- H[HEADACHE]; 4((4)) --- PD[POSTDROME]; 5((5)) --- I[INTERICTAL];
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Questions to ask a patient presenting with a headache

1. What percentage—the majority or minority—of your migraine attacks are debilitating (inability or 50% reduction of ability to perform normal work, school, home, or social tasks)?
2. How many days per month are you completely headache free?
3. What symptoms occur during your migraine attacks?
4. What OTC products have you tried?

Red flag characteristics indicating a physician referral is recommended

- Experiencing debilitation with the majority of attacks
- Experiencing vomiting with at least 1 of 5 attacks
- Failure (as defined by the patient) of at least 2 OTC acute migraine medications
- Use of acute medications 3 or more days per week
- Headache on 15 or more days per month
- New headache pain after the age of 50 years
- Headache from exertion
- Headache accompanied by fever or stiff neck
- “First,” “worst,” or sudden onset attack
- Head pain in the same location that never relocates
- Headache post-trauma

Nonpharmacological Strategies for Migraine Prevention and Management

- Document, document, document
 - Select a diary that suits person’s lifestyle and modality preference
 - Paper-based, digital options
- Behavioral techniques (biofeedback)
- Lifestyle changes
 - Avoiding triggers (e.g., stress, stimuli, alcohol, aged cheese, artificial sweeteners, chemicals such as laundry detergent)
 - Exercising regularly
 - Adopting healthy sleep habits
- Neuromodulation devices

FDA-Approved and/or Level A Guideline-Endorsed Treatment Options for Acute Migraine [8-10](#)

Medication	Studied Dose	Comment
Acetaminophen	1000 mg	Per guidelines, “for non-incapacitating migraine”
Aspirin	500 mg	Use caution in patients with heart failure, high blood pressure, kidney dysfunction, and recent stomach ulcer
Ibuprofen	200 and 400 mg	Use caution in patients with heart failure, high blood pressure, kidney dysfunction, recent stomach ulcer, and those taking aspirin for cardio-protection
Naproxen	500 and 550 mg	Per guidelines, “First-line for mild-to-moderate migraine” Use caution in patients with heart failure, high blood pressure, kidney dysfunction, recent stomach ulcer, and those taking aspirin for cardio-protection
Combination acetaminophen/aspirin/caffeine	500/500/130 mg	Use caution in patients with heart failure, high blood pressure, kidney dysfunction, and recent stomach ulcer

Nutraceutical Treatment Options for Migraine Prevention ^{8, 11, 12}

Nutraceutical	Dose	Comment
Butterbur	50 to 75 mg orally twice daily	Controversy exists regarding hepatotoxicity risk with certain formulations
Magnesium	600 mg orally daily	Serum magnesium levels do not correlate with efficacy
Riboflavin	400 mg orally daily	Evidence suggests best efficacy in patients with two or fewer attacks per month
Feverfew	2.08, 6.25, or 18.75 mg orally three times daily	Evidence is mixed, with some studies showing no difference versus placebo
Coenzyme Q10	100 mg orally three times daily	Some evidence suggests efficacy is best in individuals with low serum CoQ10 levels

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