

## **Antidepressants are NOT the best drugs to treat frequent migraine**

**Hans L. Hamburger**

**Amsterdam**

**The Netherlands**

In frequent migraine 3 or more attacks occur during one month. Preventive treatment is then preferable to promote pain free periods and reducing the burden of the disease. Moreover it prevents loss of work and unproductivity. Preventive or prophylactic measures can be divided in medical and non-medical treatment.

Explaining which external factors can trigger migraine will enhance patient self-care. Simple methods can help in reducing the frequency, but rarely the severity of the migraine attacks. Often it is advised to stop the use of painkillers, after which a dramatic reduction in attacks can be observed.

The first line of preventive drugs for migraine is beta-blockers, quickly followed by anti-epileptic drugs.

A great number of prophylactic drugs have been tested and were shown to be better than placebo.

The best for the job are different kind of beta-blockers and 3 groups of anti-epileptic drugs.

Also anti depressants have extensively been tested.

However only those studies with tricyclic antidepressants demonstrated a better outcome than placebo. Tricyclic antidepressants should furthermore only be used in rare cases in which patients might seem to be depressed. The majority of the modern antidepressants, most of which are SSRI's, do not have a significant effect on migraine frequency or severity.

In conclusion: There are many drugs for the treatment of frequent migraine, of which the best are: Beta-blockers and Anti-epileptics.