

Behavioural therapy is more effective, better tolerated and safer than preventive medication for migraine: NO

H. Hamburger

Department of Neurology, Amsterdam Sleep Centre, The Netherlands

Many patients suffering from migraine have frequent attacks ranging from 1 to 4 per month. Preventive medication is given when the frequency is high, acute care medications do not work, there is too much disability and for other reasons. Most doctors will start their preventive treatment urging the patient to utilize various sensible behavioural changes. These include more or better sleep, cognitive behavioural therapy and dietary measures. When these fail, which is frequently the case; there is no other way of treating these patients than medication. Preventive medication has proven to be successful in the majority of the patients; but they do not always work, have to be taken once or ore per day and often have many adverse effects. When preventive medication used is dosed low and increased slowly, the adverse effects can be limited. A combination of more than one drug can be used to limit the side effects and increase efficacy. At present onobotulinumtoxinA, injected once per 3 months and several antiepileptic and antidepressant medications are often used. Soon we will have CGRP antibodies, once per month or every three months, as a good way to prevent most migraine attacks. This type of medication are efficacious and the side effects are limited. Using preventive medication, the sufferers of this painful and disabling disease, affecting 12% of the adult population, can lead a normal life. In conclusion: routine and novel medication for prevention of migraine attacks is often more powerful than giving advice, talking to patients and convincing.