

*Start an empiric headache preventive medication when headaches are occurring  $\geq 4$  days per month.*

*Adequate therapeutic trials are 2-3 months; don't give up too early! Make sure to reach an adequate target dose or it may not work.*

Episodic Migraine ( $< 15$ days monthly)	Candesartan	<p><b>Start 4mg once daily, increase by 4mg/day each week, as tolerated, to 16mg once daily.</b></p> <p>Partial response? The dose can be further increased by 4 mg/day each week to a maximum of 32 mg/day.</p> <p>If the medication is of benefit, it should be kept in place for 9 months and then tapered slowly (e.g. 4 mg/day every 4-8 weeks).</p> <p>If there has been no benefit after 3 months, the medication can be tapered by 4 mg every 5-7 days until it is stopped.</p> <p>Side effects are rare but may include dizziness / light-headedness, weakness, muscle cramps or wheezing / cough.</p>
	Amitriptyline	<p><b>Start 10mg taken at bedtime. Increase, as tolerated, by 10mg weekly to 30 mg taken at bedtime</b> (or supper if AM drowsiness is a problem).</p> <p>If the patient is intolerant of side-effects, nortriptyline could be substituted at the same dose.</p> <p>Partial response? Can be increased further to 50 or 75 mg. If the medication helps (<math>&lt; 4</math> days per month), it should be used for 9 months and then, it can be reduced by 10mg every 1-2 months. Should there be no improvement after 3 months, taper by 10mg every 5-7 days until stopped.</p> <p>Side effects may include dry eyes / mouth, constipation, urinary retention or cognitive difficulties / confusion, especially in the elderly.</p>
Chronic Migraine ( $\geq 15$ days monthly)	Propranolol	<p><b>Start 10mg PO qHS for one week, and then increase by the following schedule, as tolerated:</b></p> <p><b>Week II: 10mg PO bid, Week III: 10mg PO qAM / 20mg PO qHS, Week IV: 20mg PO bid</b></p> <p>Should there be no improvement after 3 months, taper by 10mg every 5-7 days until stopped.</p> <p>Side effects may include fatigue, exercise intolerance, worsening depression, or intolerable dizziness, orthostatic presyncope or syncope.</p>
	Topiramate	<p><b>Start 25mg PO daily. Increase, as tolerated, by 25mg every month to a maximum of 100mg.</b> This can be taken bid or all at bedtime.</p> <p>Partial response? Can increase to 100mg PO bid, in similar fashion. After 9 months, if headaches are occurring 4 or fewer times a month, it can be reduced by 25 mg every 1-2 months until stopped or headaches return. If needed, resume last effective dose and maintain another 12 months before trying another slow taper. If no improvement after 8 weeks, taper by 25mg/day each week until stopped.</p> <p>Numbness / tingling of the fingers and toes? Eating banana, kiwi, or cantaloupe daily (K+-rich foods) may help; it often improves with time.</p> <p>Other side effects may include mild word finding issues or cognitive difficulties. Advise them to avoid dehydration to help avoid kidney stones.</p> <p>Caution about suicidal ideation, and symptoms of acute angle closure glaucoma that might occur; advise them on what to do should these symptoms occur.</p> <p>Advise them to monitor weight for excessive weight loss. If they are of reproductive age, caution about teratogenicity / cleft palate risk.</p>