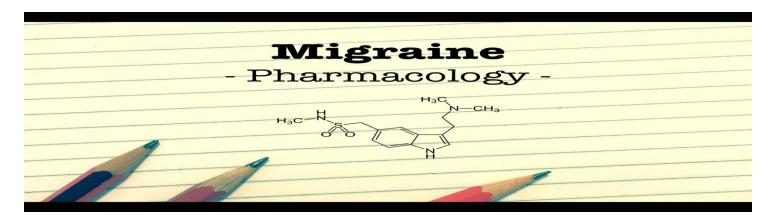




Treatment of migraine



Migraine is the episodic Headache.

- A severe, unilateral, pulsating (throbbing) headache lasting from a few hours to 1-2 days accompanied by Nausea, Vomiting & photophobia.
- Migraine without aura (common migraine) 80%
- Migraine with aura (classical migraine) 20%
 - Headache preceded by (20-40 minutes)
 neurological symptoms called aura which can be visual, olfactory or other sensory
 experiences.

Visual field defects during Aura;









Pathogenesis of migraine;

- Cause unknown, disorder of the serotonergic control system.
- Release of vasodilating neuropeptides (CGRP) by trigeminal nerve endings to intracranial (& extra cranial) arteries.

- Substance P & neurokinin A may also be involved

 Cerebral vasodilation ----- Extravasation of plasma ---- Perivascular edema—mechanical stretching – activation of pain nerve endings.

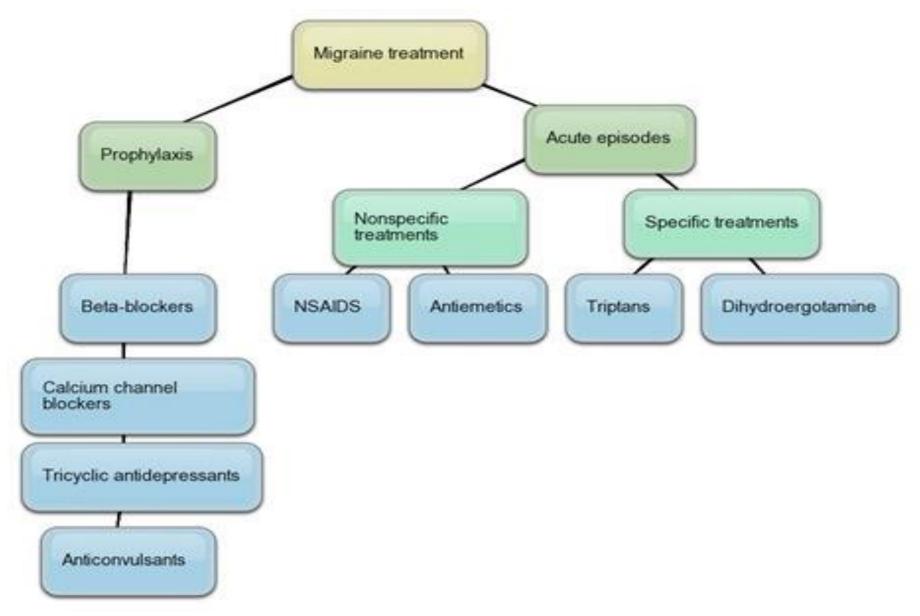
Migraine treatment in old times;

- **Trepanation;** the deliberate **drilling of holes into a skull**, was practiced as early as 7,000 BCE.
- While sometimes people survived, many would have died from the procedure due to infection.
- It was believed to work via "letting evil spirits escape".





Treatment of migraine;



Treatment of migraine;

- Treatment of Acute attack of Migraine;
 - -Non-specific (mild to moderate symptomatic relief)
 - Migraine specific leads either to
 - to vasoconstriction or
 - to inhibition of the release of pro-inflammatory neuropeptides.
- Prophylaxis of Migraine;
 - Regular medications to reduce the frequency & or severity of attacks.

Non-specific (symptomatic) Treatment of migraine;

•NSAIDs like paracetamol or aspirin /+

•antiemetic like metoclopramide, domperidone, prochlorperazine.

•Opioids — like nalbuphine in severe migraine.

Specific Treatment of migraine;

Mode of action

Drug prescribed

1	Inhibition of release of vasodilating peptides (proinflammatory neuropeptides).	Triptans, Ergot derivatives (dihydroergometrine) and antidepressants may activate 5- HT1D/1B receptors on presynaptic trigeminal nerve ending.
2	Direct vasoconstriction.	5-HT agonists (the triptans and ergot) may prevent vasodilatation & stretching of the pain ending.
3	Anti-seizure drugs	may suppress the excessive firing of these nerve endings e.g., valproate/ topiramate.

Drug treatment according to severity of disease;

Severity	Drug therapy
Mild	Simple analgesics / NSAIDs or their combination +anti emetic.
Moderate	NSAIDS combination with triptans and ergot alkaloids.
Severe	 A triptan /ergot alkaloid (+ anti emetic) + prophylaxis with Propranolol/ other beta blockers. Amitriptyline/ other tricyclic antidepressants. Flunarizine / other Ca channel blockers. Valproate / topiramate.

Thank You