AAN Summary of Evidence-based Guideline for CLINICIANS

UPDATE: NSAIDS AND OTHER COMPLEMENTARY TREATMENTS FOR EPISODIC MIGRAINE PREVENTION IN ADULTS

This is a summary of the American Academy of Neurology (AAN) and American Headache Society guideline update regarding use of nonsteroidal antiinflammatory drugs (NSAIDs) and other complementary treatments for episodic migraine prevention.

Please refer to the full guideline at www.aan.com for more information, including definitions of the classifications of evidence and recommendations and the complete clinical context section.

DRUG WARNING

The following treatment has an associated US Food and Drug Administration warning:
Petasites (butterbur): *www.accessdata.fda.gov/scripts/plantox/detail.cfm?id=23110*

Are nonsteroidal antiinflammatory drugs (NSAIDs) or other complementary treatments effective for migraine prevention?	
Histamines/Antihistamines/Leukotriene Receptor Antagonists	
Moderate evidence	Histamine sc is probably effective and should be considered for migraine prevention (**Level B**).
	Montelukast is probably ineffective and should not be considered for migraine prevention (**Level B negative**).
Weak evidence	Cyproheptadine is possibly effective and may be considered for migraine prevention (**Level C**).
NSAIDs	
Moderate evidence	Fenoprofen, ibuprofen, ketoprofen, naproxen, and naproxen sodium are probably effective and should be considered for migraine prevention (**Level B**).
Weak evidence	Flurbiprofen and mefenamic acid are possibly effective and may be considered for migraine prevention (**Level C**).
Insufficient evidence	Evidence is inadequate or conflicting to support or refute the use of aspirin or indomethacin for migraine prevention (**Level U**).
Clinical context	Regular or daily use of selected NSAIDs for the treatment of frequent migraine attacks may exacerbate headache because of development of a condition called medication overuse headache. Therefore, use of aspirin, selected analgesics, and NSAIDs may exacerbate headache; use of these agents in migraine prevention studies may confound the clinical interpretation of the study results.
Herbal Preparations, Vitamins, Minerals, and Other Interventions	
Strong evidence	Petasites (butterbur) is established as effective and should be offered for migraine prevention (**Level A**).
Moderate evidence	Riboflavin, magnesium, and MIG-99 (feverfew) are probably effective and should be considered for migraine prevention (**Level B**).
Weak evidence	Coenzyme Q10 and estrogen are possibly effective and may be considered for migraine prevention (**Level C**).
Insufficient evidence	Evidence is inadequate or conflicting to support or refute the use of omega 3 or hyperbaric oxygen therapy for migraine prevention (**Level U**).

CLINICAL CONTEXT*

Butterbur 75 mg BID / 50 mg TID. Magnesium 200 mg 2-3X

In a previous epidemiologic study, 38.7% of study participants had ever used a migraine preventive treatment, of which only 12.4% were current users and 17.2% were coincident users (taking a migraine preventive treatment for other reasons). The proportion of those who use NSAIDs or individual complementary treatments specifically for migraine prevention is unclear, and warrants further study. Additionally, the treatments reviewed herein are those available in the United States. The results from this and other guidelines are limited to those treatments available in the United States.

Riboflavin 400-600 mg a day

Additionally, studies assessing the efficacy of NSAIDs and complementary treatments for migraine prevention are limited and should be considered relative to other available pharmacologic therapies reviewed in a separate guideline available at *www.aan.com/guidelines.*

Additionally, the clinical evidence for NSAIDs and complementary treatments for migraine prevention should be reviewed with caution because there are clear discrepancies in how patients were selected for study inclusion; how severe, frequent, or disabling their attacks were; and how severity was assessed. Also, these treatments are unregulated. There are few or no studies on how these medications should be taken. When patients are instructed or choose to take NSAIDs or complementary treatments for migraine prevention, it is important that they be followed over the course of treatment. Prospective long-term safety of many of these agents is not well studied specifically regarding their use as preventive migraine treatments.

It is reasonable also for clinicians to inquire about the doses being used and frequency of use of NSAIDs and complementary treatments. Frequent medication use or high dose levels may increase the risk of headache progression or medication overuse, which may lead to other secondary