



Note to Providers This pathway can be used as a treatment guide for patients with new complaints of headaches. For the patients who are currently being treated for headaches, use this guide to determine next treatment steps, and if a referral to Neurology is appropriate.

Acute Headaches and Migraines

If symptoms occur fewer than 10 days per month, attempt **Triptan Therapy**.

If symptoms occur more than 10 days per month for longer than three months, utilize **Chronic Headaches and Migraines** protocol.

Lifestyle Management: Encourage patient to avoid using NSAIDs, opiates, and other OTC medications for headache symptom management on a daily basis.

Triptans

| | |
|----------------|----------------|
| sumatriptan | 100 mg BID/prn |
| rizatriptan | 10 mg TID/prn |
| metoclopramide | 20 mg QID/prn |
| naratriptan | 2.5 mg BID/prn |
| eletriptan | 40 mg BID/prn |
| frovatriptan | 2.5 mg TID/prn |
| zolmitriptan | 5 mg BID/prn |

If treatment is effective and insurance coverage too limited, encourage patient to use coupon services like GoodRx to reduce their out-of-pocket cost.

Attempt medication for 2-3 doses if no side effects present. If symptoms not managed with 2-3 doses, discontinue and trial next medication on above list. If patient has tried and failed two triptans, initiate a referral to Neurology and continue down the above list of medications for symptom management. Additionally, initiate **Chronic Headaches and Migraines** protocol if deemed appropriate.

Chronic Headaches and Migraines

If symptoms occur more than 10 days per month for longer than three months or if **Acute Headache** protocol failed, try one medication in each of the following categories: antidepressants, antihypertensives, and anti-epileptics/mood stabilizers. *Topiramate can be an effective first medication to try. Attempt one medication in one category for 4-6 weeks. If symptoms are not controlled, discontinue and select a medication from another category. Discontinue sooner if patient is experiencing side effects.

Antidepressants

| | <i>starting dose...</i> | <i>titrate to...</i> | <i>beneficial with co-symptom of...</i> |
|----------------|-------------------------|--------------------------|---|
| amitriptyline | 25 mg QHS | 50 mg QHS after one week | insomnia |
| nortriptyline | 25 mg QHS | 50 mg QHS after one week | fatigue or fibromyalgia symptoms |
| venlafaxine ER | 75 mg QD | 150 mg QD after one week | N/A |
| | | | →if partial improvement at this dose, can increase to 225 mg QD |
| duloxetine DR | 30 mg QD | 60 mg QD after one week | N/A |

Antihypertensive

| | <i>starting dose...</i> | <i>titrate to...</i> | <i>then titrate to...</i> |
|---------------------|-------------------------|--------------------------|---|
| propranolol ER | 80 mg QD | 160 mg QD after one week | 240 mg QD after one week |
| nifedipine ER | 30 mg QD | 60 mg QD after one week | 90 mg QD after one week |
| metoprolol tartrate | 25 mg BID | | |
| | | | →beta blockers not recommended for those over age 60 and in smokers |

Anti-epileptic/Mood Stabilizer

| | <i>starting dose...</i> | <i>titrate to...</i> | <i>then titrate to...</i> |
|---------------|-------------------------|---------------------------|--|
| *topiramate | 25 mg q12h | 50 mg q12h after one week | N/A |
| divalproex ER | 500 mg QD | 1000 mg QD after one week | 1500 mg QD after one week if partial improvement |
| pregabalin | 75 mg q12h | 300 mg q12h | 450-600 mg q12h |

If patients fail one medication in each category, **refer to Neurology**. If this protocol is followed, Neurology will make every effort to schedule patient within 2 weeks of referral

Lifestyle Management: If patient is experiencing co-symptom of insomnia, consider adding melatonin 10 mg nightly.