KEY TAKEAWAYS

- Difficult-to-treat migraine consists of resistant migraine and refractory migraine.
- Drug failure occurs when there is a lack of efficacy or a lack of tolerability of the drug.
- If a preventive medication fails, the others in the class do not need to be tried, but failure of an acute migraine drug does not rule out trying others in the same class.
- If a migraine patient needs to go to the hospital for migraine pain, this should be followed up by consultation with a migraine specialist to determine if the treatment plan needs to be changed.
- Migraine specialists sometimes tend not to recommend nonpharmacological treatments because there are few clinical trials of their efficacy and the treatments are less standardized.

QUOTES

“And so, we consider migraine to be difficult to treat when the patient has tried several prevents which were not able to significantly reduce the frequency of the attacks; or the patient can also be considered difficult to treat if the attacks couldn't be cured by acute therapies.”

“There are some patients who tend to take a lower than recommended dose [of an acute drug], and this is not good, because it's better to take a full dose in order to have complete pain relief than taking a half dose first, and then [later] another half dose because the first half dose was not effective.”

PRACTICAL STEPS

- When first starting a new preventive drug, it’s helpful to know what side effects to expect and how long it will take to determine whether it is effective. Some side effects lessen over time.
- There are currently many treatment options including new drugs and combinations of drugs for the patient with difficult-to-treat migraine.
- Difficult-to-treat migraine is best managed by a headache specialist to ensure that the diagnosis of migraine is correct or whether a coexisting condition is complicating treatment.

TREATMENTS CITED

- Acupuncture
- Analgesics
- Angiotensin II receptor blockers
- Angiotensin-converting enzyme inhibitors
- Antidepressants
- Beta blockers
- Biofeedback
- Botulinum toxin (Botox)
- Calcium channel blockers
- CGRP monoclonal antibodies
- Cognitive behavior therapies
- Intramuscular injections
- Nerve blocks
- Neurostimulation devices: vagal-nerve stimulation, suboccipital or supraorbital stimulation, transcranial electrical stimulation
- NSAIDs
- Relaxation techniques