

Choosing Wisely[®]

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Treating migraine headaches

Some drugs should rarely be used

Migraine attacks can last for hours—or even days. They can cause intense pain, nausea, and vomiting. They can make you sensitive to light or noise, and they can affect your life and work.

To treat migraines, you may get a prescription for an opioid (narcotic) or a barbiturate (sedative) called butalbital. These are pain medicines. But you should think twice about using these drugs. Here's why:

These drugs can make headaches worse.

Using too much pain medicine can lead to a condition called MOH, or medication overuse headache.

Two kinds of pain medicine are more likely to cause MOH:

- Drugs containing **opioids**—such as hydrocodone (Norco, Vicodin, and generics) or oxycodone (Percocet and generics).
- Drugs containing **butalbital** (Fioricet, Fiorinal, and generics).

They are not as effective as other migraine drugs.

There are other drugs that can reduce the number of migraines you have and how severe they are—better than opioids and butalbital. Even in the emergency room—where people with severe migraines often ask for opioids—better drugs are available.



They have risks.

Opioids and butalbital can cause serious withdrawal symptoms if you stop taking them suddenly. People who use high doses for a long time may need to be in the hospital in order to stop using them.

Opioids, even at low doses, can make you feel sleepy or dizzy. Other side effects include constipation and nausea. Using them for a long time can lower your sex drive and cause depression and sleep problems.

They can be a waste of money.

Opioids and butalbital pills do not cost a lot. But why spend money on drugs you don't need?

Also, if these drugs cause side effects and more headaches, you may have to go to extra doctors' appointments. This will take time and may cost you money.

What drugs are good for migraines?

If you have migraine attacks, try one of the drugs listed below. They all work best if you use them when the migraine is just beginning.

1. Start with a non-prescription pain drug that combines aspirin, acetaminophen, and caffeine (Excedrin Migraine, Excedrin Extra Strength, and generics). Or try non-steroidal anti-inflammatory drugs such as ibuprofen (Advil and generic) or naproxen (Aleve and generic).
2. If these drugs do not help, or your headaches are more severe, talk to your doctor about trying one of the prescription migraine drugs called triptans, such as sumatriptan (Imitrex and generic).
3. If triptans do not work, try dihydroergotamine nasal spray (Migranal). This drug works even better as an injection (DHE-45 and generic). You or your doctor can do the injection.

If you have migraines often, or if they are very severe, ask your doctor about drugs to prevent headaches.

When are opioids or butalbital useful for migraines?

Your doctor may suggest an opioid if none of the treatments listed above help, or if you have bad side effects.

It is not clear if butalbital should be used at all for treating migraines. If your doctor prescribes butalbital for your migraines, ask why. And ask if there are any other drugs that would work.

Limit the use of all pain medicines.

- Do not use prescription pain medicine for headaches for more than nine days in a month.
- Do not use non-prescription pain medicine for more than 14 days in a month.

Advice from Consumer Reports

How to manage migraines

Some migraines can be managed without drugs. Talk to your doctor about how to:

Avoid triggers. These are things that bring on your headaches. Common food triggers are chocolate, cheese, alcohol, foods with MSG, and meats with nitrates (such as some processed meats). Other common triggers are strong smells, bright light, skipping meals, and smoking.

Reduce stress. Stress can bring on migraines. Try doing activities to help you relax, such as meditation, walking or swimming, yoga, tai chi, or stretching exercises. If you feel anxious or depressed, ask your doctor to refer you to a therapist for treatment.



Get regular sleep and exercise. Too much or too little sleep can lead to migraines. Aim for seven to eight hours a night, with a regular bedtime and wake-up time. Physical activity, such as walking or swimming, can also help prevent obesity, a risk factor for migraines.

Control symptoms. When you get a migraine, lie down in a quiet, dark room. Put a cold cloth or compress over your forehead, massage your scalp, or press on your temples. Drink plenty of water, especially if you have vomited.

Keep a headache diary. This can help you figure out what your triggers are and keep track of the medicines you use. Write down:

- When the pain began.
- What you were doing before the pain began.
- What you ate and drank in the 24 hours before the headache.
- The medicine and dose you used to treat the pain and when you took it.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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