



Management of Acute Migraine in Emergency Departments

This set of resources and links outlines available information to support the NICS Emergency Care Evidence in Practice Series.

What is the evidence?

Cochrane Systematic Reviews

Cochrane reviews relevant to different acute migraine treatments:

- **Oral sumatriptan for acute migraine (2003)**
Oral sumatriptan effectively relieves migraine headache pain
<http://www.cochrane.org/reviews/en/ab002915.html>
- **Eletriptan for acute migraine (2000)**
Eletriptan 20 mg, 40 mg and 80 mg are effective treatments for migraine.
<http://www.cochrane.org/reviews/en/ab003224.html>
- **Rizatriptan for acute migraine (2000)**
Rizatriptan is shown to be effective for treating acute migraine attacks at both 5 mg and 10 mg doses <http://www.cochrane.org/reviews/en/ab003221.html>

Best bets

There are no Best bets on the topic of acute migraine treatment that have completed status.

Evidence-based guidelines

Guidelines included in this list were produced in 2000 or later and are freely available from appropriate agencies. For more information and other guideline titles see the Emergency Care Community of Practice: Evidence-Based Guideline Resource available from NICS website – www.nicsl.com.au

- **Migraine Management: Acute Treatment (summary)** Guidelines Advisory Committee summary of: 21st century prevention and management of migraine headaches (2001). *Clinician*, 19(11). The National Institute of Neurological Disorders and Stroke & National Institute of Health, USA.
http://gacguidelines.ca/index.cfm?ACT=topics&Topic_ID=31&Summary_ID=154
- **Acute pain management: scientific evidence (2005)** Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine. Includes a section (9.9) on migraine in the emergency department.
<http://www.nhmrc.gov.au/publications/synopses/cp104syn.htm>

- **Diagnosis and treatment of headache (2006).** Institute for Clinical Systems Improvement, USA
<http://www.icsi.org/knowledge/detail.asp?catID=29&itemID=183>
- **Guidelines for All Doctors in the Diagnosis and Management of Migraine and Tension-Type Headache 2nd edition (2004)** British Association for the Study of Headache, UK
http://64.227.208.149/NS_BASH/BASH_guideline31Aug05.pdf

Closing the gap - Stories of Improvement and Evidence Implementation

Pethidine in emergency departments: promoting evidence-based prescribing.

Kaye KI, Welch SA, Graudins LV, Graudins A, Rotem T, Davis SR et al. *Med J Aust* (2005) 183(3): 129-133.

This project aimed to reduce pethidine prescribing in hospital emergency departments across a number of indications, including migraine. 23 Australian public hospitals (22 in NSW, 1 in Vic) participated in the project. The project used the Drug Use Evaluation (DUE) process, and interventions included educational materials (guidelines, posters, prescribing reminders), audit and feedback, and small-group discussions. There was a sustained reduction in pethidine use during the study period, which may indicate successful promotion of safer analgesic prescribing. It is not clear whether changes were a result of collaborative DUE methods or other factors

http://www.mja.com.au/public/issues/183_03_010805/kay10502_fm.html