Status Migrainosus

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Disclosure

• The presenter has no financial relationship to this program.
Objectives

At the end of this presentation, participants will be able to:

1. Describe best practices treatment options for status migrainosis.
2. Explain the International Headache Society Classification System (IHS).
3. List the complications for each medication normally prescribed for migrainosis.
Definition

- Persistence of headache for more than 72 hours
- Unilateral, throbbing pain
- Sufficient disability to make presentation to the hospital warranted
International Headache Society
ICHD-II Classification

• 1. Migraine
• 2. Tension Type
• 3. Cluster
• 4. Other Headaches
• 5. Headache Attributed to Head and/or Neck Trauma
• 6. Headache Attributed to Cranial or Cervical Vascular Disorder
International Headache Society
ICHDI-II Classification

• 7. Headache Attributed to Non-Vascular Intracranial Disorder
• 8. Headache Attributed to a Substance or Its Withdrawal
• 9. Headache Attributed to Infection
1. Migraine

• 1.1 Migraine without aura
• 1.2 Migraine with aura
• 1.3 Childhood periodic syndromes (cyclic vomiting, abdominal migraine)
• 1.4 Retinal Migraine
• 1.5 Complications of Migraine
  1.5.1 Chronic Migraine - > 15 Migraines/mo
  **1.5.2 Status Migrainosus - constant-72 hr**
Treatment Options

• 1. Intravenous Dihydroergotamine (DHE)
  Premedication with anti-nausea medication such as ondansetron or metoclopramide
  Then administer 1 mg DHE q 8 hours for 5-20 doses- (.5 mg if < 25 kg)

Side Effects:
Flushing, tingling, leg cramping, transient increase in headache
** Caution re: SE profile of DHE, same as triptans, except sl less arterial vasoconstriction
Treatment Options

• 2. IV Valproate

1 gram IV Valproate in Normal Saline drip over 15 minutes (200 ml/hr)
Treatment Options

• 3. Metoclopramide
  • 10 mg IV Metoclopramide in 200 cc Normal Saline
Treatment Options

• 4. Triptans
  • Almotriptan- 12.5 mg dose
  • Rizatriptan-
  • Zolmitriptan (Oral> Nasal)
  • Sumatriptan (Nasal> SC> Oral)
  • Sumatriptan/Naproxen combination

*** Cautious re: Use of Triptans and DHE in ER IF patient has used Triptans/SSRIs/SSNRs/Tramadol at Home
And SE profile of Triptans
Status Migrainosus- Course

• Many Patients will need to be admitted to the hospital for 1-3 days for stabilization
• Most will improve with IV hydration, anti-emetics and abortive agents alone
• Sometimes a small dose of IV opioids is necessary for the first 24 hours
• Avoid continued use of IV/oral opioids after 24-36 hours