

# 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

## ICHD-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