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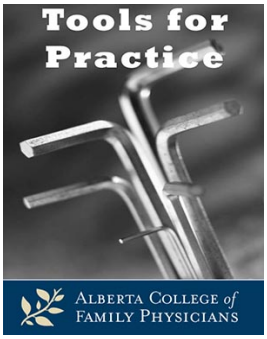

Can We Stop Migraines Bound to Rebound?

Clinical Question: Is adjunctive migraine therapy with corticosteroids helpful to decrease migraine recurrence?

Bottom-Line: Parenteral dexamethasone, when added to standard migraine treatment, prevents severe headache recurrence at 24-72 hours for one out of 11 patients.

Evidence:

- Highest quality systematic review (published twice)[1,2] reported on seven randomized control trials (RCTs) of adult emergency department (ED) patients with migraines (up to 786 patients). Patients typically received physician-chosen treatment and then one dose of intravenous dexamethasone (10-24 mg) or placebo.
  - Severe headache recurrence 24-72 hours after discharge (interfering with activities of daily living or requiring additional physician treatment), statistically significantly reduced:
    - 37.2% vs. 46.6% (placebo): Number Needed to Treat (NNT)=11.[1]
  - Dexamethasone:
    - Doses >15 mg not more effective than doses <15 mg.[2]
    - Did not improve pain scores at ED discharge.[2]
    - Systemic adverse events: Similar to placebo.[2]
  - Limitations: All except one study[3] from North America (primarily large EDs), most had short (≤3 day) follow up.
- Two other systematic reviews (less inclusive of studies[4] or lower quality[5]) had similar conclusions.
- Oral dexamethasone: Either as a separate small RCT[3] or sub-group of a larger RCT,[6] failed to decrease recurrent severe headaches (77 patients total).

Context:

- Millions of Canadians[7] have migraines, many patients are unsatisfied with their treatment.[8]
- Suggested pre-ED treatments include non-steroidal anti-inflammatory drugs [(NSAIDs) or acetaminophen if allergic] alone or in combination with triptans.[1,9]
- Suggested parenteral ED treatment includes: Fluids, NSAIDs, metoclopramide, and neuroleptics (prochlorperazine and chlorpromazine).[1,9]

- Variation in practices exist regarding treatment of migraines[7] and over-use of narcotic analgesics have been demonstrated.[10]
    - Opioids are not recommended as first- or second-line agents in migraine therapy.[1,9,11]

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Disclosure:
Authors do not have any conflicts to disclose.

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