

Professor Peter Goadsby MD is one of the most prolific researchers and respected headache specialists in the world. He sat down with us to reveal the keys to finding our best treatment results.

Migraine improvement can be measured in a number of ways including severity, frequency, disability, and more.

For treatments, success is measured separately for an acute migraine treatment versus a preventive one. Your treatment plan may include one or both types. The examples below discuss medicines however treatments may also be non-medicinal or complementary such as biofeedback, supplements, ice packs or sleep.

An acute migraine treatment might be something like a triptan. These are used to help abort an acute attack when it begins.

Preventive treatments are those designed to prevent attacks from occurring at any time. They are usually taken on a regular basis such as daily, twice daily, or even quarterly. Preventive treatments may also be referred to as a prophylactic.

A cure for migraine doesn't exist yet, so what should we expect when working with a capable doctor?

Dr. Goadsby suggests "for prevention, we typically want to have a reduction in the number of migraine days. And we typically will look for a 50 percent reduction, so you lose half of the days."

For an acute attack, a successful treatment will relieve a migraine within 2 hours. That is, it will deliver either significant relief or fully resolve the attack within this timeframe.

If you're not getting the above results for acute or preventive treatments, then it may be worth revisiting your treatment plan. It may not require changing treatments. It could mean adding an effective and safe combination to what you are using now.

Or more commonly, it could be one or more of the following three critical factors which determine treatment effectiveness:

Dosing

Timing

Duration of treatment trial

Dr. Goadsby provides an example.

"Let's take a drug like aspirin, for instance...Let's just talk generally. If you aren't taking 900 milligrams for an attack, you're probably under-dosing. At the average 70-kilogram (154 pounds) person."

"The same thing with non-steroidals (NSAIDs) like ibuprofen. You probably need 600 to 800 mg. Now those of you buying it over the counter will know that the tablets are typically 200 or 400

mg. An important message is when people sell things over the counter, the chemists (manufacturers), they're selling it to be really safe and useful for some people.

When a physician's prescribing them for you, they've looked at whether that dose will be safe. So they're looking for a bigger dose that's safe and more likely to get a response.

Something like naproxen, which is widely used, 250 mg is a pretty woeful dose. So a person weighing 70-kilogram (154 pounds) is going to need 500 to 1000 mg. Now it sounds like a lot, but in fact on a weight basis, which is why I'm emphasizing the weight, it's perfectly reasonable."

In addition to dosing, find out why treatment timing and the duration of trial are critical to the success of your treatment.

To hear Dr. Goadsby discuss these factors, as well as a range of exciting new treatments coming in the near future, watch his interview here or order it as part of the Summit package from this page >>

If you previously purchased the 2018 Summit, you are all set to login to watch the full interview.

Kind regards,

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