



2024 INTERVIEW SUMMARY SHEET

SPEAKER

Amaal J. Starling, MD,
FAHS, FAAN

TITLE & ORGANIZATION

Neurologist
Mayo Clinic, Arizona

TOPIC

Balancing Risks & Benefits of Migraine Treatment

KEY TAKEAWAYS

- There has been a significant increase in the number of treatment options available for migraine over the past 10 years.
- Migraine is a daily disease, even if attacks are not occurring every day.
- Lower doses of medications may not effectively stop migraine attacks and may only provide temporary relief.
- Triptan medications can be used by older individuals who are otherwise healthy, as long as they do not have poorly controlled blood pressure or a history of heart attack or stroke.
- Lifestyle modifications, such as good sleep hygiene, regular meals, exercise, hydration, and stress management, can help raise the threshold for migraine attacks.
- The goal of treatment is to improve function and reduce disability, rather than just reduce pain.
- Untreated migraine attacks increase the risk of developing chronic migraine and can lead to increased disability and reduced function.
- It is important to work with a healthcare provider to develop a personalized treatment strategy and regularly evaluate the effectiveness of medications.

TREATMENTS CITED

Aerobic exercise	Neuromodulation devices
Amitriptyline	OnabotulinumtoxinA
Biobehavioral treatments	(Botox)
CGRP monoclonal antibodies (mAbs)	Propranolol
CGRP small-molecule receptor antagonists (gepants)	SEEDS (Sleep, Exercise, Eating, Diary, & Stress management)
Ditans (5HT _{1F} receptor agonists)	Topiramate (Topamax)
Gabapentin	Triptans
Lifestyle modifications	Venlafaxine (Effexor XR)
	Zavegepant (Zavzpret)

QUOTES

"People with migraine are literally the strongest people that I know. There is nothing weak about taking a medication. There is nothing weak about having migraine. It's a disease of abnormal function."

"A preventive medication is not a life sentence. It means that you currently need this preventive option, but we will always reevaluate if we still need it longer."

"Think about migraine like asthma. We don't think about asthma as being present when someone is having an asthma attack and not present when someone's not having an asthma attack. We say, 'This person has asthma every single day.'"

"Migraine treatment is very much individualized ... What works for one person with migraine may not work for another person with migraine."

"Migraine is not a structural disease process. That's why when you do just a regular MRI, they'll say, 'That looks totally normal; I'm not sure what's going on.' Well, that's because migraine isn't a disease of abnormal structure; it's a disease of abnormal function in the brain."

PRACTICAL STEPS

- Develop a trusted relationship with your healthcare provider.
- Discuss with your healthcare provider the possibility of using preventive medications and nonmedication approaches.
- Communicate openly with your healthcare provider about your medical history, other medications you're taking, and any side effects.
- Evaluate the possibility of reducing or discontinuing medications or other treatments.
- Stay informed about risks and benefits of treatment options for migraine.