

Got a migraine? Relief may already be on your medicine shelf

December 3 2019



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According to a new report in *The American Journal of Medicine*, aspirin can be considered an effective and safe option to other, more expensive medications to treat acute migraines as well as prevent recurrent attacks.



A review of randomized evidence suggests efficacy and safety of high dose aspirin in doses from 900 to 1,300 milligrams taken at the onset of acute symptoms. The data also support a lower dose of from 81 to 325 milligrams as a possible preventive option.

"Aspirin provides a possible clinical option for primary healthcare providers to relieve the debilitating symptoms of acute migraine headaches and prevent recurrent attacks. Aspirin's side effect profile and low cost may also favour its use," noted senior author Charles H. Hennekens, MD, DrPH, the first Sir Richard Doll Professor & Senior Academic Advisor to the Dean of the Charles E. Schmidt College of Medicine at Florida Atlantic University, Boca Raton, FL, USA. The investigators reviewed the randomized evidence for high dose aspirin in treatment and low dose aspirin in prevention of migraine headaches.

Migraine headache is the third most common disease in the world affecting about one in seven people. More prevalent than diabetes, epilepsy, and asthma combined, migraine headaches are among the most common and potentially debilitating disorders encountered by primary healthcare providers. Migraines are also associated with an increased risk of stroke. There are effective prescription medications available to treat acute migraine headaches as well as to prevent recurrent attacks. Nonetheless, in the United States many patients are not adequately treated for reasons that include limited access to healthcare providers, lack of health insurance, or high co-pays, which make expensive medications of proven benefit unaffordable. The rates of uninsured (or underinsured) have been estimated to be 8.5 percent nationwide and 13 percent in Florida. Furthermore, for all patients, the prescription drugs may be poorly tolerated or contraindicated.

Professor Hennekens mused that, "If aspirin were only half as effective, 10 times more expensive, and available by prescription, then perhaps patients and, possibly some of their healthcare providers, would take it



more seriously."

"Despite the fact that aspirin is an over-the-counter drug," Dr. Hennekens cautioned, "as is the case for any drug used long term, it should be prescribed by a healthcare provider."

Joseph S. Alpert, MD, Editor-in-Chief of *The American Journal of Medicine* and Professor of Medicine, University of Arizona Department of Medicine, Tucson, AZ, USA, commented in an accompanying editorial, "My take home message from this thoughtful and carefully researched review is that physicians should always try the simple and inexpensive high dose aspirin regimen as the initial therapeutic attempt for migraine headache control. If aspirin works to abort or ameliorate the headaches, then it should be tried as a prophylactic measure to see if it can prevent the occurrence of these debilitating headaches. Hopefully, this would lead to less disability and loss of employment time for these patients who are so common in the US and throughout the world."

More information: Bianca Biglione et al, Aspirin in the Treatment and Prevention of Migraine Headaches: Possible Additional Clinical Options for Primary Healthcare Providers, *The American Journal of Medicine* (2019). DOI: 10.1016/j.amimed.2019.10.023

Joseph S. Alpert. A common drug may help patients with debilitating migraine headaches, *The American Journal of Medicine* (2019). DOI: 10.1016/j.amjmed.2019.11.002

Provided by Elsevier

Citation: Got a migraine? Relief may already be on your medicine shelf (2019, December 3) retrieved 16 January 2024 from https://medicalxpress.com/news/2019-12-migraine-relief-



medicine-shelf.html

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