



Effective Health Care

Acute Migraine Treatment in Emergency Settings Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Acute migraine treatment in emergency settings will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.
- The more specific topic of the efficacy of IV Benadryl, Toradol, and Reglan in an emergency department or clinical setting for acute migraine treatment is not feasible for a full systematic review due to the limited data available for a review at this time.

Topic Description

Nominator: Individual

Nomination Summary: The nominator states that migraine patients who present to the emergency room with acute migraine pain receive a wide variety of intravenous (IV) medications from doctors. She states that the narcotics sometimes given to migraine patients require multiple doses and often do not relieve the migraine and that some other drugs, including dihydroergotamine (DHE), can cause additional side effects such as nausea. She states that the combination of IV Benadryl, toradol, and reglan in addition to saline fluid has been effective in treating migraines in patients and would like to see evidence supporting this treatment.

Key Questions from Nominator: None

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- Headache disorders are among the most common conditions worldwide, with three times as many women affected as men. Migraine headaches are very common during childhood and adolescence. The World Health Organization (WHO) placed migraine 19th (12th in women) among all causes of disability worldwide.

- There appears to be significant clinical uncertainty surrounding acute migraine treatment in emergency settings. Several consensus statements, clinical guidelines, and evidence reviews caution against the use of opioids as first-line treatment for migraine because of lack of efficacy, adverse effects, potential for addiction or recidivism, and the risk of development of medication overuse headache. These consensus statements have been supported by multiple small trials. However, opioids are used in more than half of all migraine visits to the emergency department in the US. Physicians may continue to use these agents despite evidence recommending against their use due to many factors, including patient familiarity with the medications, history of successful treatment with opioids, and physician comfort with the medications.

- A review specifically focused on the treatment combination posed by the nominator would not be feasible given a lack of literature; however, sufficient literature exists to complete a review on the broader topic of acute migraine treatment.