

Consultation on SIGN draft guideline on Pharmacological management of migraine

General comments:

College Fellows have commented that this is a comprehensive, well-structured guideline and contains numerous learning points. It will be of widespread use and timeous given recent advances in treatment.

The statement of intent is helpful clarifying that the guidelines should not be seen as a standard of care, as that can only be determined on the basis of all the clinical data available for an individual case.

The key recommendations for acute treatment, prevention and medication overuse headache are easy to use. Overall this is a thorough piece of work, which will be useful to a wide range of practitioners involved in the management of migraine.

Specific comments:

The advice regarding botulinum toxin A is very clear and sensible.

Evidence for the use of devices is seen to be very limited and subsequently no recommendation is made.

Appendix 3

The diagram in Appendix 3 is very helpful, and ideally it would be positioned earlier in the document to make it more easily visible.

In Appendix 3, Fellows expressed concern that candesartan is listed as a first-line option for migraine prevention when the main text describes the evidence as “weak”. It was suggested that topiramate, instead of candesartan, be listed as a first-line option, along with propranolol and amitriptyline.

In the text, it is clear that pizotifen has very little evidence. In Appendix 3, the guideline seems to endorse pizotifen as a second-line option for prevention – acknowledging little evidence but popular use. If pizotifen is deemed to be of no real benefit (relative to other options), our Fellows suggested that SIGN should specifically discourage its use, or relegate it to ‘third line’.