Opioids for migraine treatment: use with extreme caution

health

Information for prescribers

December 2014

Purpose of this document

This document has been prepared by Drugs and Poisons Regulation to provide advice to prescribers who are considering treating a patient with headache or migraine with opioids.

This document has been reviewed by the Office of Clinical Quality and Safety and Chief Psychiatrist.

Key points

Opioids should be used with extreme caution in the treatment of headache due to the risk of dependency and other adverse effects, such as medication overuse headache and hyperalgesia.[1]

The Therapeutic Guidelines state that opioid analgesics should be used with great reluctance in the treatment of migraine, and only after all other measures have failed.[2]

If opioids are required repeatedly for treatment of migraine, management should, where possible, be in hospital in consultation with a psychiatrist or physician experienced in pain management.[3]

Regular preventative treatment with a non-opioid medication is recommended for patients experiencing more than two or three acute attacks of migraine per month.[4]

Professional recommendations

Faculty of Pain Medicine: Australia and New Zealand College of Anaesthetists

The Faculty's publication *Acute Pain Management: Scientific Evidence* provides a review of the best available evidence for acute pain management with current clinical and expert practice. Guidelines for the treatment of acute migraine may be found in the section titled: *9.6.5. Acute headache (p. 260)*.

The Faculty advises the following:

- Opioids are of limited benefit in migraine.
- Pethidine in particular is not recommended for the treatment of migraine, due to lack of evidence of efficacy and the risk of developing dependency.
- Although opioids are commonly used for the emergency treatment of headache, they cannot be recommended for use on a regular basis because of the risk of dependency and other opioid-related adverse effects.
- The Australian Association of Neurologists recommended that opioids should not be used for migraine unless the patient is unresponsive to all other measures or where the use of ergot agents and triptans is contraindicated.

The Department has also sought the advice from the Faculty with regards to long-term continuous opioid prescribing to treat migraine. The Faculty has advised the Department that it is **unaware of any rationale or evidence supporting continuous opioid prescription**.

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[1] Faculty of Pain Medicine, ANZCA. Acute Pain Management: Scientific Evidence, 3rd Edition (2010).

[2,3] Therapeutic Guidelines: Neurology (2011). Acute migraine attack.

[4] Therapeutic Guidelines: Neurology (2011). Prophylaxis of migraine attacks.

State Government Victoria

National Prescribing Service

The National Prescribing Service (NPS) website contains latest evidence-based information and resources for health professionals and consumers. In the section titled: *Medicines to avoid in migraine attacks*, the NPS advises:

- Morphine and related opioid pain relievers, such as pethidine, codeine, oxycodone, and buprenorphine should rarely, if ever, be used in the treatment of migraine, and even then only under specialist supervision. They can aggravate nausea and vomiting and are potentially addictive.
- Many pharmacy-only pain relievers contain paracetamol, aspirin or ibuprofen in combination with low doses of codeine. These medicines are frequently promoted for the relief of strong pain, but there is no evidence to suggest they are any more effective for migraine than simple pain relievers. The addition of codeine only increases the risk of side effects and medication overuse headache.

Resources for patients

Better Health Channel

Consumer fact sheets with background information about migraine and treatment options for migraine are available on the Better Health Channel website at:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Headache_-_migraine/

National Prescribing Service

Consumer information on migraine, treatment options for migraine, and a headache diary to assist in the management of migraine, are available on the NPS website at:

http://www.nps.org.au/conditions/nervous-system-problems/pain/for-individuals/pain-conditions/migraine

Further reading

Management of migraine in Australian general practice

A study conducted by Assoc Prof Richard Stark, neurologist, reviewed acute and prophylactic drug treatments prescribed by general practitioners for patients with migraine. The study revealed that the use of prophylactic medication appears to be underutilised, especially in patients with frequent migraine, and that the inappropriate use of acute medications for prophylactic treatments was significant.

Stark R et al. Management of migraine in Australian general practice. *Med J Aust* 2007;187(3):142-146.

Coroners Court finding

In February 2014, the Coroner delivered a finding into the death of a man who died from oxycodone toxicity. During the investigation, the Coroner found that the deceased had injected crushed oxycodone tablets which had been prescribed by his medical practitioner for migraine pain.

The full finding and the Department's response to the recommendations can be found on the Coroners Court website at: http://www.coronerscourt.vic.gov.au (case number 408809) or by clicking here.

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