



Healthcare  
Improvement  
Scotland

**SIGN**  
Makes sense  
of evidence

# Migraine

A booklet for people with migraine, their families and carers



PLAIN  
LANGUAGE  
COMMISSION  
CLEAR  
ENGLISH  
STANDARD

Artwork (cover and page eight) courtesy of Migraine Action

**[www.migraineart.org.uk](http://www.migraineart.org.uk)**

Patient quotes kindly supplied by The Migraine Trust

**[www.migrainetrust.org](http://www.migrainetrust.org)**

© Scottish Intercollegiate Guidelines Network

ISBN 978-1-909103-66-5

Revised version published May 2026

First published 2018

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as SIGN is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

# Contents

Who is this booklet for?	1
What is this booklet about?	2
What is migraine?	3
What are the different types of migraine?	4
What are the symptoms of migraine?	6
What conditions are sometimes incorrectly diagnosed as migraine?	7
How can migraines affect daily life?	8
What are my triggers for migraine?	9
How can I help myself?	10
What help can I expect from my GP?	12
What is acute treatment of migraine?	13
What medication can I take to stop or reduce the symptoms of migraine?	14
What are medication-overuse headaches?	18
How can medication-overuse headaches be managed?	20
Can migraine be prevented?	21
What medication can be used to prevent migraines?	22
I only get a migraine around the time of my period. Is the treatment the same?	27

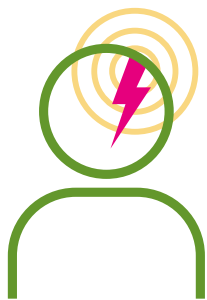
## Contents continued

Are devices available to help with migraine?	28
Is it safe to take medication if I might become pregnant?	29
What should I do if I am planning to become pregnant?	29
What should I do if I have an unplanned pregnancy?	30
Is it safe to take medication when I'm breastfeeding?	31
Where can I find out more?	32
How are SIGN guidelines produced?	34

# Who is this booklet for?

This booklet is for you if:

---



you have or think you  
have migraines

---



you are a friend, relative  
or carer of someone who  
has migraines

---

**The booklet explains:**

- what migraines are
- the impact of migraines on daily life
- what treatments are available
- complications associated with migraines, and
- where you can get more information and support.

# What is this booklet about?

**This booklet explains the recommendations in a clinical guideline, produced by the Scottish Intercollegiate Guidelines Network (SIGN), about the use of medication to manage migraines.**

Recommendations in the guidelines are based on different types of evidence. Some of it comes from current research, some from the clinical experience and opinions of healthcare professionals, and some from people with lived experience.

On page 34 you can find out how we produce guidelines.

**There are two different types of recommendations in this booklet**



**Recommendation  
based on the research evidence**



**Recommendation  
based on clinical experience**

The SIGN guideline is available on our website [www.sign.ac.uk/our-guidelines/pharmacological-management-of-migraine](http://www.sign.ac.uk/our-guidelines/pharmacological-management-of-migraine)

# What is migraine?

**Migraine is a brain condition. This can cause repeated attacks of painful headaches and other unpleasant symptoms that can be disabling. It affects around 1 in 7 people and it often runs in families. There is a list of symptoms on page 6.**



When your headache is severe enough to limit your ability to carry on with your normal activities, and other serious causes have been excluded, it's likely to be a migraine. You may have other symptoms such as feeling sick or finding light and noise unbearable. Possible migraine triggers are listed on page 9.

You should make an appointment to see your GP, who can make a diagnosis.

If you have a headache that comes on very quickly (in less than 5 minutes) and is the worst headache you have ever had, you should go to your local Emergency Department for an urgent assessment.



# What are the different types of migraine?

There are three main types of migraine.

1

## **Migraine with aura**

This is when there are specific warning signs just before the migraine begins, such as seeing flashing lights.

2

## **Migraine without aura**

This is the most common type, where the migraine happens without the specific warning signs.

3

## **Migraine aura without headache**

This is where there is an aura or other migraine symptoms, but a headache doesn't develop.

## What are the different types of migraine? continued

Migraine is classed as **episodic** or **chronic**.

Migraines can last from a few hours to several days. Some people develop chronic migraine that affects them every day.

**Episodic** migraine is when a person has 14 or fewer migraine or headache days a month.

**Chronic** migraine is when a person has migraine or headache on 15 or more days a month.



My migraine is not always chronic.  
It goes in cycles of good to bad.

People with chronic migraine may also have a mixture of milder background headache and migraine.

# What are the symptoms of migraine?

## The main symptoms of migraine are:

- moderate to severe headache that is pulsating (pounding or thumping) or pressing, often on one side of the head but it can be anywhere on the head, face or neck
- feeling sick or vomiting
- dislike of light
- dislike of sound
- dislike of smell
- dislike of movement.



Having chronic migraine has meant that I have had to adapt my life according to my condition and symptoms meaning I cannot do some things or do things to the extent that I used to.

## Other less common symptoms include:

- dizziness
- tenderness known as **allodynia** on the area of your head where you feel the headache
- losing part of your vision for a time
- muscle weakness, changes in your speech and feelings of confusion
- disturbances such as teariness, eye reddening, stuffy or dripping nose, swelling round the eye and a full feeling in the ear
- fatigue
- neck pain.

**Allodynia** means that you feel pain in areas that would not normally be painful to touch, such as when you touch your skin or brush your hair.

More information on symptoms is available from [www.migrainetrust.org](http://www.migrainetrust.org)

# What conditions are sometimes incorrectly diagnosed as migraine?

**Migraine can be mistaken for tension-type headache and sinus headache.**

An aura does not have to happen for the headache to be migraine. Only a third of people with migraine experience an aura.

## **Sinus headache**

In many people with migraine, their headache extends down from the head into the face. Sometimes the pain is just in the face and occasionally only in the lower half of the face. When migraine pain affects the face, symptoms such as reddening of the eyes, eye watering and nose dripping are common. If these symptoms happen, sinus headache is often diagnosed instead of migraine.

In sinusitis (sinus infection) the pain is usually much more localised, with a feeling of pressure and congestion concentrated in the upper part of the face and worst around the eyes and cheek bones. It is accompanied by foul-tasting material that drips down into the throat. Sinusitis is usually a one-off, lasting days to a week. It does not usually occur at repeated intervals or persist for months.

## **Tension-type headaches**

Tension-type headaches are not disabling and most people can do normal activities with a tension headache.

# How can migraines affect daily life?

**The effect of migraines on daily life is different for everyone. It all depends on how severe and frequent they are.**

During a migraine attack, the pain usually starts on one side of the head and gradually increases. For some people, the pain follows an aura that can be quite tiring to cope with.

Migraines can affect all your daily activities such as education, work, the ability to drive or travel, and your social life, family life and holidays.

Some people have migraines often, up to several times a week. Other people only have a migraine occasionally. It's possible for years to pass between migraine attacks.

Details of support organisations and other places where you can get more information are on page 32.



# What are my triggers for migraine?

Everyone's experience of migraine is different, so it may be helpful to consider what your own triggers are. Common triggers are stress, change in hormone levels (eg around your period) and changes to sleep patterns.

To help with this, you should consider keeping a diary to try to identify things that may trigger your migraines, which you can then try to avoid.

---

## In your diary you may wish to include:

- whenever you have a headache and how severe it is
- medication you have taken
- food and drink you have had
- lighting inside and outside
- when you start and end your period (menstruation)
- any stress or changes to your daily routine that you think might have affected you.



### Information

For more information about migraine triggers, please visit:  
[www.migrainetrust.org/about-migraine/trigger-factors/common-triggers](http://www.migrainetrust.org/about-migraine/trigger-factors/common-triggers)

## How can I help myself?

**Having a regular daily routine can help you manage your migraine.**

---

### **You may want to consider following this advice:**

- Keep to a regular sleep pattern.
- Eat regularly and don't skip meals (more frequent small meals may help).
- Drink plenty of water but limit alcohol and fruit juice, and limit caffeine from tea, coffee and some soft drinks.
- Take regular exercise.
- Avoid perfumes.
- Avoid bright, flashing or flickering lights. Consider wearing sunglasses when outside or in bright, flashing or flickering light inside.
- Take regular breaks from computers.
- Try relaxation activities such as mindfulness, yoga or meditation.

Not knowing when you are going to have a migraine and if the medication is going to work has an effect on planning any activity and it annoys people if you call off due to migraine. Family suffer as you may have to go to bed and cannot be a fully functioning member of the family.

The impact of migraine can sometimes be under-recognised by those closest to you. It is important to ask for help when you need it.

---

Here are some ways that you could ask your family, friends or employer for help:

- Discuss with family and friends how they can support you, such as with back-up childcare arrangements or help at home.
- Discuss with your employer, if appropriate, working patterns and measures to reduce your migraine triggers when at work.



### Information

Further information and support about ways to help yourself and what others can do to help is available from the **Migraine Trust**. Full contact details are available on page 32.

# What help can I expect from my GP?

**On your first visit, your GP will try to exclude serious causes of your headaches and, if possible, make a diagnosis.** If migraine is diagnosed, your GP will discuss medication options and may provide leaflets or website addresses for further information. Your GP may also ask you to complete a diary to find out your migraine triggers, which is described on page 9.

## “It’s OK to Ask”

When you go to your appointment(s), we encourage you to ask four questions that will help you and your healthcare professionals make decisions together. This will make sure that the care is right for you.

- 1. What are the benefits of my treatment?**
- 2. What are the risks of my treatment?**
- 3. What alternative treatments can I try?**
- 4. What if I do nothing?**

Learn more about [“It’s OK to ask”](#)

Learn more about [realistic medicine](#)



## Information

**At your follow-up appointments, your GP may do the following things:**

- Ask how you have been coping with any medication prescribed.
- Ask about the impact of your headaches on your daily life.
- Check your migraine diary.
- Discuss your treatment options.
- Consider what lifestyle adjustments may help.
- If appropriate, discuss such things as before and after pregnancy planning.
- Consider whether to refer you to a hospital specialist.

# What is acute treatment of migraine?

**Acute treatment is used at the start of an attack to stop or reduce migraine symptoms.**

Acute treatment should be started as soon as you know you are getting a migraine.

If you have migraine with an aura and you use a triptan, take it when the headache starts rather than when you have the aura.

Different types of medication are available but not all medications will work for all headaches. A table of medication that may be used is on pages 14-17.

It may take several attempts to get the medication right for you. If you vomit early on in a migraine attack, your doctor can prescribe medication to stop you feeling sick as well as migraine medication.






## **Recommendation based on clinical experience**

Your doctor should tell you about medication-overuse headaches, which can develop while you are trying to treat your migraine. More details about medication-overuse headache are on page 18.





# What medication can I take to stop or reduce the symptoms of migraine?




If you are given information about how often you should take a medicine, this is to limit the chance of medication-overuse headache.

Some medicines for migraine can be bought over the counter, while others can only be prescribed by a healthcare professional. Before you take any medication, you should speak to your GP or pharmacist first.


Medication		
Medicines	Key information	Possible side effects
<b>Aspirin</b>	<p>Recommended to be taken as the first treatment and given in a dose of 900 mg. </p> <p>Should be taken a maximum of two days per week.</p> <p>The doses of aspirin recommended for migraine should not be used if you are pregnant. </p> <p>For other conditions during pregnancy, your doctor may prescribe low-dose aspirin.</p>	Can sometimes cause stomach irritation but adverse effects from short-term use are mostly mild.
<b>Ibuprofen</b>	<p>Recommended to be taken as the first treatment and given in a dose of 400 mg. If this is ineffective, it can be increased to 600 mg. </p> <p>Should be taken a maximum of two days per week.</p> <p>Should not be used after the first 20 weeks of pregnancy. Can be used with caution in early pregnancy. Speak to your healthcare professional first.</p>	Can cause irritation to the stomach if used over a long period.

## What medication can I take to stop or reduce the symptoms of migraine? continued

Medication		
Medicines	Key information	Possible side effects
<b>Paracetamol</b>	<p>Paracetamol can be effective for migraine. It is given in a dose of 1000 mg to people who are unable to take other medicines for treating migraine. </p> <p>Should be taken a maximum of two days per week.</p> <p>Its good safety record makes paracetamol the first choice for the short-term relief of mild to moderate headache during any stage of pregnancy. </p>	Most patients get no serious side effects.
<b>Anti-sickness medications: metoclopramide and prochlorperazine</b>	<p>Metoclopramide and prochlorperazine reduce nausea and may prevent vomiting.</p> <p>They can be used in combination with other acute treatments. Because they can treat headache, they are also used on their own.</p> <p>Metoclopramide can be taken by mouth and also by injection. </p> <p>Prochlorperazine can be taken as a tablet that dissolves in the mouth and by injection. </p>	Can cause feelings of drowsiness and dizziness.

Medication		
Medicines	Key information	Possible side effects
<p><b>Triptans:</b>  <b>almotriptan,</b>  <b>eletriptan,</b>  <b>frovatriptan,</b>  <b>naratriptan,</b>  <b>rizatriptan,</b>  <b>sumatriptan,</b>  <b>and</b>  <b>zolmitriptan.</b></p>	<p>Recommended to be taken as the first treatment.</p> <p>Triptans can be taken a maximum of two days a week.</p> <p>If your first triptan does not work, you should be offered other triptans until the best one for you is found.</p> <p>Triptans are recommended for women whose migraine is associated with menstruation. Further details are available on page 27. </p> <p>If you have severe acute migraine or early vomiting, zolmitriptan taken by a nasal spray or sumatriptan taken by injection should be considered. </p> <p>A combination of sumatriptan and naproxen (which is a medicine similar to ibuprofen), can be considered. </p> <p>A combination with ibuprofen or naproxen and an anti-sickness medication can be considered.</p> <p>Sumatriptan can be used in all stages of pregnancy.</p>	<p>Triptans may not be suitable if you have a coronary heart disease or have had a stroke.</p> <p>Common side effects are:</p> <ul style="list-style-type: none"> <li>• sensations of tingling, heat, heaviness, pressure, tightness of throat or chest</li> <li>• flushing</li> <li>• dizziness</li> <li>• feeling of weakness, fatigue</li> <li>• nausea and vomiting.</li> </ul>

## What medication can I take to stop or reduce the symptoms of migraine? continued

Medication		
Medicines	Key information	Possible side effects
<b>Rimegepant</b>	<p>Rimegepant is effective for many people with migraine.</p> <p>You may be offered rimegepant if you have tried other medicine, including two or more triptans, and they haven't worked.</p> <p>You may be offered rimegepant if you are not able to take triptans. </p>	<p>This should be used with caution if you have coronary heart disease or have had a stroke and only after a risk assessment by your healthcare professional.</p> <p>Not recommended during pregnancy or if you are breastfeeding.</p>

# What are medication-overuse headaches?

**Frequent use of any acute medication that is used to treat migraine and headaches can make it more likely that you will have more headaches.**

If you have migraines more than 10 days per month, you are at risk of medication-overuse headaches.

Some people who use pain medication for another health condition may go on to develop medication-overuse headaches.



## Recommendation based on the research evidence

Your doctor should discuss medication overuse with you to address any problems you are having.

## The risk factors for developing medication-overuse headaches are:

- frequent migraine
- another painful condition requiring pain medication, and
- use of opioid-containing medication.



## What are medication-overuse headaches? continued

Not all people who have regular headaches and frequently use acute medication have medication-overuse headaches.



For pain relief medication, such as aspirin, ibuprofen and paracetamol, 15 or more days of use per month is enough to cause medication-overuse headaches.

For triptans and opioids such as codeine, 10 or more days can cause medication-overuse headaches.



### Recommendation based on clinical experience

If you are using opioids for another health condition and they are causing medication-overuse headache, your doctor should discuss a plan with you to withdraw them gradually.



### Information

You can read more about opioid use for chronic pain in our booklet on [managing chronic pain](#).

# How can medication-overuse headaches be managed?



## Recommendation based on the research evidence

There are three main strategies for managing medication-overuse headaches. Your doctor will discuss with you what strategy will suit you best.

- Stopping all acute medication.
- Stopping all acute medication and starting a medication to prevent migraine (see pages 22-26).
- Starting a medication to prevent migraine.

# Can migraine be prevented?

**Migraine can have a severe impact on your quality of life and ability to function day to day.** Some people will have occasional migraines while others may have very frequent attacks. There is no cure for migraine, but using some types of medication can make your migraine less severe or less frequent.

## **Will I receive preventive medication?**





Your doctor will be able to discuss with you the best ways of managing your migraine, based on how often you get them and how severe they are. Preventive treatments are taken every day. Not everyone will need or benefit from this treatment. Preventive treatment should be avoided when planning a pregnancy or when pregnant as there is limited evidence for what is safe.

## **How long will I need to take preventive medication?**



You may need to take a preventive medication for some time before feeling any benefits. Your doctor will monitor any effects carefully and decide how long to continue. It is worth asking whether or not you still need preventive medication after one year.




# What medication can be used to prevent migraines?

Preventive medication		
Medicines	Key information	Possible side effects
<p><b>Amitriptyline (25–150 mg at night) and other tricyclic anti-depressants</b></p>	<p>Amitriptyline is an antidepressant, commonly used to treat headache and other pain.</p> <p>Amitriptyline should be considered as a treatment if you have episodic or chronic migraine. </p> <p>For people who cannot tolerate amitriptyline, a less sedating antidepressant should be considered. </p>	<p>Can cause a dry mouth and drowsiness.</p>
<p><b>Candesartan (16 mg daily)</b></p>	<p>Candesartan is usually used to treat blood pressure but can be effective for migraine.</p> <p>Candesartan can be considered as a treatment if you have episodic or chronic migraine. </p>	<p>Usually has minimal side effects.</p> <p>Should not be taken during pregnancy or while breastfeeding.</p>
<p><b>Propranolol (80–160 mg daily)</b></p>	<p>Propranolol is a beta blocker that reduces heart rate, blood pressure and anxiety.</p> <p>Recommended as the first treatment to try if you have episodic or chronic migraine. </p>	<p>Can cause nausea, diarrhoea, vivid dreams and tiredness.</p>


## What medications can be used to prevent migraines? continued

Preventive medication		
Medicines	Key information	Possible side effects
<p><b>Oral calcitonin gene-related peptide receptor antagonists (tablets): atogepant and rimegepant</b></p>	<p>Atogepant is recommended if you have episodic or chronic migraine and you have tried three or more migraine-preventive treatments that haven't been successful.</p> <p>Rimegepant can be considered if you have episodic migraine and you have tried three or more migraine-preventive treatments that haven't been successful.</p>	<p>This should be used with caution if you have coronary heart disease or have had a stroke and only after a risk assessment by your healthcare professional.</p> <p>Not recommended during pregnancy or if you are breastfeeding. You should stop taking it at least a week before trying for a baby.</p>
<p><b>Botulinum toxin A (Botox)</b></p>	<p>Not recommended for treating people with episodic migraine.</p> <p>It is recommended for treating people with chronic migraine, where medication overuse has been tackled and they have been treated with three or more migraine-preventive treatments that haven't been successful. </p> <p>Should only be given by appropriately trained healthcare professionals under the supervision of a headache clinic or the local neurology service. </p>	<p>Usually has minimal side effects.</p> <p>Can cause muscle weakness, neck pain, stiffness, tingling, and skin tightness.</p>



## What medications can be used to prevent migraines? continued

Preventive medication		
Medicines	Key information	Possible side effects
<p><b>Calcitonin gene-related peptide monoclonal antibodies (regular injections): erenumab, fremanezumab, galcanezumab and eptinezumab</b></p>	<p>Erenumab, fremanezumab, galcanezumab and eptinezumab are recommended if you have chronic migraine, medication overuse has been tackled and you have been treated with three or more migraine-preventive treatments that haven't been successful. </p> <p>Fremanezumab, galcanezumab and eptinezumab can be considered if you have episodic migraine, medication overuse has been tackled and you have been treated with three or more migraine-preventive treatments that haven't been successful.</p>	<p>This should be used with caution if you have coronary heart disease or have had a stroke and only after a risk assessment by your healthcare professional.</p> <p>Not recommended during pregnancy or if you are breastfeeding. You should stop taking these at least six months before trying for a baby.</p>

## What medications can be used to prevent migraines? continued

Preventive medication		
Medicines	Key information	Possible side effects
<p><b>Topiramate (50-100 mg daily)</b></p>	<p>Topiramate was developed to treat epilepsy but is now occasionally used for some patients to prevent migraine.</p> <p>It is recommended if you have episodic or chronic migraine. </p>	<p>Should not be taken during pregnancy as it can be harmful to your unborn baby. If you discover you are pregnant while taking topiramate, you should speak to your healthcare professional as soon as possible.</p> <p>If you could become pregnant you should only use topiramate if no other treatments work for you and you are using effective contraception. This can only be prescribed by a specialist. You should speak to your family planning advisor about the right contraception to use.</p> <p>Should be used with caution if you have depression or anxiety.</p> <p>It commonly causes tingling in the hands.</p> <p>In some people it can cause a slowness of the thought processes and can sometimes cause significant weight loss.</p> <p>Should be avoided if you have a history or family history of glaucoma as it can bring on glaucoma.</p>

## What medications can be used to prevent migraines? continued

Preventive medication		
Medicines	Key information	Possible side effects
<p><b>Flunarizine (10 mg daily)</b></p>	<p>Flunarizine is unlicensed in the UK. An unlicensed medicine is one that is not officially approved ('licensed') for treating your health condition. Your healthcare professional may consider flunarizine if they believe it would work well for you. It is usually provided through hospital-based headache services.</p> <p>Flunarizine should be considered as a treatment if you have episodic or chronic migraine. Your healthcare professional can explain the risks of using an unlicensed medication before prescribing it. </p>	<p>Should be used with caution if you have depression as it can make this worse.</p> <p>Should not be taken during pregnancy or while breastfeeding.</p>
<p><b>Sodium valproate (400–1,500 mg daily)</b></p>	<p>Sodium valproate is used to treat epilepsy but can be effective for migraine.</p> <p>Sodium valproate can be considered as a treatment if you have episodic or chronic migraine and are over the age of 55. </p>	<p>Can cause fatigue, dizziness, tremors and weight gain.</p> <p>Anyone under the age of 55 should not start taking sodium valproate. This is because of the risk of serious harm to unborn children if either of their parents are taking sodium valproate at conception and during pregnancy.</p>

# I only get a migraine around the time of my period. Is the treatment the same?

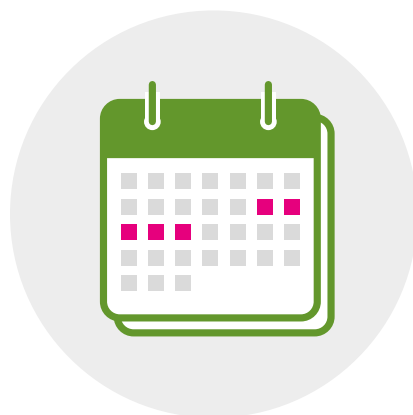
## Some women only get a migraine before or during their period.

Some medications can be used before and during your period to prevent or reduce your likelihood of a migraine. You will need to discuss this with your doctor, because if you also need to use this type of medication when you don't have your period, it can increase your risk of medication-overuse headaches.

More details about medication-overuse headaches can be found on page 18.

## What is the best treatment if I only get migraine around my period?

If migraines are frequent and severe during your period but less frequent or absent at other times, then it can be worth taking a regular triptan starting from two days before your period begins, for a total of five days.



You should only continue taking a triptan if it is effective in reducing the frequency or severity of your migraine around and during your period. If it just delays the headaches or is not effective, it should be stopped.

If triptans are used more than 10 days a month, medication-overuse headaches can develop.



### Recommendation based on the research evidence

The first triptan you will be offered is frovatriptan at a dose of 2.5 mg twice daily for a total of five days.

If this is not effective, you can be offered naratriptan or zolmitriptan.

# Are devices available to help with migraine?

**Devices are a non-medicine therapy that can sometimes be used to treat acute migraine or used regularly to reduce the number of migraines.**

They can offer an alternative, or an addition, to medication. There is little evidence at present for how effective they are or what side effects they may have. They are not routinely prescribed for use on the NHS. Below is a summary of two devices.

## **Transcutaneous vagus nerve stimulation**

The device is placed on the neck and it stimulates the vagus nerve (a nerve in the neck) by using a small electrical current. It is thought that stimulating the vagus nerve may reduce overactive parts of the brain that may generate migraine headaches.

## **Transcutaneous electrical stimulation of the supraorbital nerve**

The device delivers an electrical stimulation to a nerve above the eye called the supraorbital nerve. This stimulates a nerve responsible for sensation in the face, which is involved in migraine. The device looks like a headband that is worn across the forehead. The device is intended to be worn for a 20-minute session, once per day, every day as a preventive treatment.

### **Information**

Information about devices can be found on the **Migraine Trust** website. Contact details are on page 32.



## **Is it safe to take medication if I might become pregnant?**

Before prescribing medication for migraine, your doctor will explain the benefits and potential risks of the treatment. If there is a possibility you will become pregnant, your doctor will discuss the risks of taking the medication before and during pregnancy.

Some medications can potentially cause harm to unborn babies. If your doctor prescribes a medication that carries a risk of harm, they will explain the need for you to use contraception while taking the medication. It is important that you follow their advice.

Advice about medicines can be found in the tables on pages 14 and 22.

---

## **What should I do if I am planning to become pregnant?**

If you are taking any medication and are thinking of having a baby, you should ask your doctor for further advice before you become pregnant. The doctor will review your current medication and advise you about any changes that might be needed to your medication or your lifestyle.

## What should I do if I have an unplanned pregnancy?

**If you are taking any medication to treat migraine and find that you are pregnant, talk to your doctor as soon as possible.**

It is important to let your doctor know about any medicines you are taking, such as aspirin, ibuprofen and paracetamol, even if you have bought them over the counter.

---

Advice about medicines can be found in the tables on pages 14 and 22.



### Information

For more information about migraine in pregnancy, please visit the [Migraine Trust website](#).

## Is it safe to take medication when I'm breastfeeding?

You should discuss with your doctor what medicines you can take while you are breastfeeding, as some medicines should not be taken.



### Information

For more information about migraine in pregnancy, please visit the [Migraine Trust website](#).

# Where can I find out more?

If you would like more information there are several organisations that can help.

---

## National organisations

---



### The Migraine Trust

The Migraine Trust Helpline offers free, confidential information and support for everyone affected by migraine. Their helpline is open 10am–4pm, Monday to Friday providing evidence-based information and support on all aspects of migraine.

Helpline: 0808 802 0066

[www.migrainetrust.org](http://www.migrainetrust.org)

---

### NHS inform

NHS inform is a national health information service for Scotland.

Phone: 0800 22 44 88

[www.nhsinform.scot](http://www.nhsinform.scot)

---

### NHS 24

NHS 24 can answer questions on any health matter and give you advice.

Phone: 111

[www.nhs24.scot](http://www.nhs24.scot)

SIGN accepts no responsibility for the content of the websites listed.



---

## National organisations continued

---

### Breathing Space

Breathing Space is a free and confidential service that helps if you are feeling down or experiencing depression and need someone to talk to. Breathing Space also offers a free and confidential British Sign Language (BSL) service you can access using its website.

Phone: 0800 83 85 87

[www.breathingspace.scot](http://www.breathingspace.scot)

---

### Scottish Intercollegiate Guidelines Network (SIGN)

Details of all SIGN patient booklets can be found on the website and they can be downloaded or posted out to you.

Phone: 0131 623 4720

[www.sign.ac.uk/patient-and-public-involvement/patient-publications](http://www.sign.ac.uk/patient-and-public-involvement/patient-publications)

# How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



**1**  
Gather lived  
experience



**2**  
Identify the  
questions



**3**  
Search for the  
evidence



**4**  
Look at the  
evidence



**5**  
Make judgements  
and  
recommendations



**6**  
Ask people for  
feedback



**7**  
Publish



**8**  
Let everybody  
know about our  
guidelines

You can read more about us by visiting [www.sign.ac.uk](http://www.sign.ac.uk) or you can phone **0131 623 4720** and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public.'

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone **0131 623 4720** or email [sign@sign.ac.uk](mailto:sign@sign.ac.uk)



PAT155



---

**Healthcare Improvement Scotland**

**Edinburgh Office**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Glasgow Office**

Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999