

Management

Primary Care management includes

- Identify trigger factors and avoid them if possible
- Treat in a stepwise manner until symptoms are controlled
- First line treatment is oral analgesia, with or without anti-emetics
- If oral analgesia and anti-emetics are poorly tolerated, consider using parenteral administration
- If first line treatment is ineffective, treat with triptans
- Consider using combination therapy if triptans alone are ineffective
- Consider using prophylactic treatment if attacks are frequent and troublesome.
- Women who are pregnant or breastfeeding, are using the combined oral contraceptive pill, or are receiving hormone replacement treatment may require special management.

Specialist management includes

- Investigation and confirmation of diagnosis by a neurologist when the diagnosis is in doubt.

When to refer

Refer to CAS

- Investigation and diagnosis by a neurologist when the diagnosis is in doubt.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.