

## Week 7: Discussion

### **Client Situation**

Della Ricci, a 39-year-old woman, is complaining of frequent migraines with aura. According to the International Classification of Headache Disorders (ICHD-3), she has had at least seven episodes in the last month, which have significantly reduced her quality of life. She also reports visual disturbances, specifically bright zigzag lines, preceding throbbing unilateral headache pain, along with photophobia and functional impairment.

She has no known allergies, leads a reasonably healthy lifestyle with no tobacco use and little alcohol consumption, her vital signs and physical examination are within normal ranges, she only takes a multivitamin, and her medical history includes the placement of an IUD. She asks for medication to stop the migraine once it starts.

### **Applicable Clinical Practice Guidelines (CPG):**

When considering a preventative when migraine with aura is too frequent or severe, several migraine preventives are effective in preventing migraine with aura, including the more recent Calcitonin gene related peptides, propranolol, topiramate, and amitriptyline, which have been shown to lessen spreading depression and aura. Lamotrigine has also been

found to be beneficial (American Headache Society, 2024). However, simple analgesics like acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), migraine-specific medications (MSMs) like triptans, gepants, and ergotamine derivatives, as well as opioids

and barbiturates (Butler et al., 2023). Triptans, which work best when taken at the beginning of the headache rather than during the aura phase, are frequently the first-line treatment for patients like Della who suffer from moderate to severe migraine episodes that substantially interfere with daily functioning.

### **Professional Assessment and Pharmacologic Plan:**

According to Ala et al. (2021), in 1991, the U.S. Food and Drug Administration authorized sumatriptan, the first drug in the triptans family, to treat cluster headaches and migraine attacks. For patients without cardiovascular risk factors, sumatriptan is an effective

abortive treatment for acute migraines, and Della seems to be a good fit. It would be beneficial for Della to take sumatriptan during the onset of headache pain. The following dose should be taken two hours if the headache is present.

### **Additional Considerations and Follow-Up:**

There are several follow-up considerations, even though acute treatment is the top