

Management of Migraines

Learning Assessment Questions

KB, a 29 yo white female with no significant past medical history presents to clinic for a routine physical exam. Her current medications include Yasmin (drospirenonone/ethinyl estradiol) 1 tablet PO QD. Upon examination, KB mentions that she had experienced a severe headache two days ago that caused her to leave work early. The pain is described as a pulsating pain around her right eye that was aggravated by light and activity. She said that she took 6 OTC Aleve with no relief.

- 1. Which of the following medications would be the best choice to manage any future migraine attack that KB may experience based on effectiveness and side effects?**
 - A. Axert (almotriptan malate) 6.25 mg PO, may repeat in 2 hours if no relief
 - B. Cafergot (ergotamine/cafeine) suppository, 1 PR as needed for migraine attacks
 - C. Aleve (naproxen sodium) 200mg, 2 tablets at onset of attack, repeat in 4 hours if no relief
 - D. Percocet 5/500 (oxycodone/acetaminophen), 1-2 tablets every 4-6 hours as needed for migraine pain
- 2. KB complains of nausea associated with the onset of her migraine attack. Which of the following medications may be an appropriate adjunct therapy to help manage KB's nausea?**
 - A. IV ondansetron (Zofran)
 - B. IV valproate sodium (Depacon)
 - C. PO prochlorperazine (Compazine)
 - D. PO acetaminophen/isometheptene/dichloralphenazone (Midrin)
- 3. Which of the following medications exerts its effect through vasoconstriction of cerebral blood vessels?**
 - A. Riboflavin
 - B. Ibuprofen (Motrin)
 - C. Sumatriptan (Imitrex)
 - D. Topiramate (Topamax)
- 4. KB returns to clinic four months later requesting more of the medication that you originally prescribed to manage her migraine headaches. After examining KB you learn that her migraine attacks occur between 5-7 times per month. Which of the following medications would be the best choice for migraine prophylaxis?**
 - A. PO Sumatriptan (Imitrex) once daily
 - B. Zolmitriptan (Zomig) nasal spray every other day
 - C. Intracranial botulinum toxin (Botox) injections
 - D. PO Divalproex Sodium Extended Release (Depakote ER) once daily

- 5. Which of the following are important counseling points to educate KB about?**
- A. Reassure the patient that their stress at work is not contributing to their migraines
 - B. Educate the patient on what is happening during a migraine attack and when to take their medication
 - C. Advise the patient to drink a caffeinated beverage if they are experiencing nausea associated with their migraine
 - D. Recommend tripling their normal dose of triptan if they have no response to treatment within 2 hours
- 6. AK, a 27 y/o AA male presents to the emergency department complaining of a severe migraine headache. He has already used zolmitriptan (Zomig) 5mg twice within the past 12 hours with no relief. Which of the following would be an appropriate treatment option to manage AK's migraine headache?**
- A. Prochlorperazine (Compazine) 5mg PO
 - B. Valproate sodium (Depacon) 1000mg IV
 - C. Divalproex sodium (Depakote) 500mg PO
 - D. Zolmitriptan (Zomig) 5 mg, repeat in 2 hours if no relief
- 7. Which of the following medications can cause rebound headaches after chronic use?**
- A. Eletriptan (Relpax)
 - B. Topiramate (Topamax)
 - C. Prochlorperazine (Compazine)
 - D. Divalproex sodium (Depakote)
- 8. JF, a 49 y/o obese wf presents to clinic with chronic migraine headaches that limit her ability to work. Which of the following prophylactic therapies would be the best choice to manage JF's chronic migraine headaches?**
- A. Topiramate 25mg QHS
 - B. Amitriptyline 25mg QHS
 - C. Divalproex sodium (Depakote ER) 1000mg QHS
 - D. Acetaminophen 500mg QAM
- 9. Which of the following treatment options would be an appropriate choice for managing an acute migraine attack in pregnant women?**
- A. Frovatriptan (Frova) tablets
 - B. Oxycodone (Oxy-IR) tablets
 - C. Sumatriptan (Imitrex) injection
 - D. Ergotamine and caffeine (Cafergot) suppositories
- 10. Which of the following medications has the fastest onset of action?**
- A. Rizatriptan (Maxalt MLT) orally disintegrating tablets
 - B. Rizatriptan (Maxalt) tablets
 - C. Sumatriptan (Imitrex) subcutaneous injection
 - D. Frovatriptan (Frova) tablets