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Drug management for migraine with aura and treatment alternatives: a case report

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Introduction

Migraine is a chronic disease and affects about 15% of the World population. It is the second most disabling disease among young adults. Pathophysiology has not yet been fully clarified, but there is evidence for genetic alterations that cause a state of hyperexcitability and metabolic alterations that make the central nervous system more susceptible to external stimuli.

Objective

To present the evolution of a diagnosis of headache with aura treated with drugs and the results obtained.

Methods

Data collected through complete anamnesis.

Results/Case report

Woman, 26 years old, student, white, with hypothyroidism, denies smoking and alcohol consumption. Reports practicing physical activity and maintaining a healthy diet. Complains of headache for 9 years, with increased intensity and frequency. At the age of 18, period of onset of pain, frequency was every 10-15 days, with a maximum duration of one day and visual changes. She was using oral contraceptive pill (OCP) and dipyrone, without neurological consultation. At the age of 20, the use of OCP ceased, with worsening of the frequency and intensity of pain, the patient sought specialized medical care. Neurologist diagnosed migraine with aura triggered by stress. As treatment, he prescribed 50 mg/day of topiramate divided into two doses and alprazolam 0.5 mg, with return in 60 days. Reports no improvement and there was an increase in topiramate dosage to 100 mg and alprazolam dosage to 1 mg/day.

There was relative improvement for an approximate period of 4 months. Patient returned to daily pain, with episodes of throbbing pain, with exacerbated photo and phonophobia, need for hospital care twice a month and beginning of concentration problems. In hospital care, reports having received tramal, profenid and dramin. In return to the neurologist, the dose of topiramate was increased to 150 mg/day and that of alprazolam to 2 mg/day. Patient started psychiatric treatment with fluoxetine (60 mg) and bupropion. After 6 months of treatment, she complains of worsening of his psychiatric condition, with no change in the frequency of headache (3x/week). Fluoxetine was switched to escitalopram. There was no improvement, doctor indicated the use of clonazepam, which the patient didn't do. She kept topiramate, escitalopram, bupropion. Maintenance of pain frequency, increased use of analgesics and need for hospital intervention was maintained. Reports having stopped using escitalopram, bupropion and alprazolam on her own after a few months, in addition to decreasing the dose of topiramate when she felt that she was in moments of lower stress. At 25 years of age, patient sought other physicians for experiencing high-intensity pain again. Neurological management was maintenance of topiramate at 100 mg/day. The psychiatric management was the use of fluoxetine and zolpidem. There was no improvement. Neurologist indicated withdrawal of topiramate and use of Depakote, patient didn't follow prescription. The psychiatrist replaced fluoxentine with venlafaxine, there were exacerbated gastrointestinal symptoms and, finally, an indication for the use of paroxetine. Patient reports discomfort with medications, worst headaches, even vomiting, and sought a new professional. On medical advice, she used Venvanse for two months and reports that he did not feel severe pain, with no episode that required hospital intervention. Currently, for psychiatric indication, she uses 40 mg of fluoxetine, 100 mg of topiramate and dipyrone if necessary.There was a reduction in pain intensity, but daily feeling of heavy head. In a neurological consultation, she was diagnosed with migraine with aura and medication-induced headache due to the caffeine consumed, and cranial nerve block, Botox application and monoclonal drug were indicated, but the patient didn't consent.

Conclusion

In view of the exposed situation, without obtaining satisfactory result, the prescription of cannabidiol (CBD) is suggested for the treatment of headache with aura concomitantly with an antidepressant.

Keywords: Aura, Headache, Migraine, Medication.