



Amitriptyline for the prevention of migraine

General principles – when to use preventative treatments in migraine

Preventative treatment should be offered to patients with 4 or more migraine days a month as this frequency is associated with significant disability.

Acute treatment on more than 2 days per week is associated with medication overuse, which renders preventative treatment less effective. It is therefore important to address this issue when considering preventative treatments.

Preventative medications must be titrated slowly to an effective or maximum tolerable dose and continued for at least 6-8 weeks to adequately assess effect.

Consider gradual withdrawal after 6-12 months of effective prophylaxis

Introduction to the use of amitriptyline as a migraine preventative

The aim of this leaflet is to provide brief overview on the use of amitriptyline for the prevention of migraine. It is not intended as a substitute for the 'patient information' leaflet supplied with the tablets, which provides more a comprehensive overview and should always be read before taking medication. **While this treatment option has placebo control data and has been recommended in international guidelines for headache it does not have a specific licence for a headache condition**

Other useful sources of information include:

- <https://www.medicines.org.uk/emc/>
- <https://www.nhs.uk/medicines/>



What is amitriptyline?

Amitriptyline is a tricyclic antidepressant used to treat depression. If you are prescribed this, it does not mean that your doctor thinks you are depressed. They have also been used to treat other conditions including migraine. They do not work as pain-killers during an attack, but if taken regularly, can reduce the number of attacks. Amitriptyline is not licensed in the UK for migraine.

What is the dose of amitriptyline?

The usual starting dose for the prevention of migraine is 10mg at night. If you have no side effects after the first week, the dose can be increased each week by 10-25mg at night.

The maximum dose can be up to 150mg per day but in practice doses at this level can result in side effects.

How long should I take amitriptyline?

Preventative medications must be titrated slowly to an effective or maximum tolerable dose and continued for at least 6-8 weeks to adequately assess effect.

Consider gradual withdrawal after 6-12 months of effective prophylaxis (we advise discussion with a medical/nursing/pharmacist advisor)

Does amitriptyline have any side effects?

Like many medicines, tricyclics may cause side effects in some patients, particularly when you first start taking it.

The most common side effects include:

Dry mouth, constipation, blurred or double vision, difficulty passing water (urine), dizziness, tiredness or sleepiness, and sweating.



Who cannot take amitriptyline?

You must not take amitriptyline if:

- You are sensitive to it or any of the ingredients in the product. Allergy is more common in those people who are allergic to aspirin.
- You have a heart condition.
- You suffer from periods of increased and exaggerated behaviour (mania).
- You have liver disease.
- You are taking other medicines to treat depression

Pregnancy and breast-feeding:

Amitriptyline is not recommended during pregnancy or whilst breastfeeding. The best use of medicines in pregnancy (BUMPS) website may also be a useful reference

<http://www.medicinesinpregnancy.org/Medicine--pregnancy/>