Candesartan 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 candesartan as a migraine preventative

The aim of this leaflet is to provide brief overview on the use of candesartan 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.medicines.org.uk/emc/)
- [https://www.nhs.uk/medicines/](https://www.nhs.uk/medicines/)
What is candesartan?

This medicine is a tablet that is used to lower blood pressure. If you are prescribed this medicine, it does not mean that your doctor is treating your blood pressure. This medicine can also be 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.

Candesartan is not licenced in the UK for migraine, although trials have shown it to be effective in reducing the number of migraine attacks.

What is the dose of candesartan?

The starting dose for the prevention of migraine is 2 mg in the morning. If you have no side effects after the first week, the dose can be increased by 2 mg every week until you reach a maximum of 8 mg twice a day, or your headaches resolve in which case continue at that dose.

Does candesartan have any side effects?

Like many medicines, candesartan may cause side effects in some patients, particularly when you first start taking it. The most common side effects include:

Low blood pressure, dizziness and light-headedness, impairment of kidney function (very rarely kidney failure), respiratory infection, changes in blood tests (especially increased potassium), cough.

Candesartan may cause a reduction in number of white blood cells. Your resistance to infection may be decreased and you may notice tiredness, an infection or a fever. If this happens contact your doctor.
Who cannot take candesartan?

You must not take candesartan if:

- You are sensitive to them or any of the ingredients in the product.
- You have significant kidney condition (your doctor will consider this)
- You have liver disease or gallbladder disease.
- A narrowing of your heart valves.
- You have a history of idiopathic or hereditary angioedema

How long should I take candesartan?

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)

Pregnancy and breast-feeding

Candesartan is not recommended during pregnancy or whilst breastfeeding. You should not take it if you are pregnant, planning a pregnancy or breastfeeding. The best use of medicines in pregnancy (BUMPS) website may also be a useful reference http://www.medicinesinpregnancy.org/Medicine--pregnancy/