



Topiramate 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 topiramate as a migraine preventative

The aim of this leaflet is to provide brief overview on the use of topiramate 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.

Other useful sources of information include:

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



It is important to ensure that any new medication does not cause a significant interaction with any others that may be taken.

What is topiramate?

Topiramate has been shown to be effective in preventing migraine. It is also used to treat epilepsy.

What is the dose of topiramate to prevent migraine?

The dose of topiramate should be increased slowly over four weeks (see table below). If you experience side effects, you should not increase the dose further before discussing the treatment with your doctor.

Week of treatment	Dose
Week 1	25mg at night
Week 2	25mg twice a day
Week 3	25mg in the morning and 50mg at night
Week 4 onwards	50mg twice a day

The dose may gradually be increased further on medical advice, in similar 25mg dose changes to 100mg twice a day.

How long should I take topiramate?

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 topiramate have any side effects?

The most often reported effects are: tiredness, pins and needles in the fingers and toes, dizziness, lowered sense of feeling in the skin, difficulty with language, nausea, diarrhoea, indigestion, dry mouth, weight loss, decrease in appetite, drowsiness, forgetfulness, difficulty with concentration or attention, difficulty in sleeping (insomnia), anxiety, mood swings, depression, changes in taste and vision disorders.

Rarely, sudden blurring of vision, pain and redness of the eyes has occurred, in both adults and children, typically during the first month of starting topiramate. This can indicate raised pressure within the eye (glaucoma).

If you develop any eye symptoms, particularly in the first few weeks of treatment, you should tell your doctor immediately.

Who cannot take topiramate?

You should not take topiramate if you have:

- A history of glaucoma
- A history of renal stones
- A history of depression

Pregnancy and breast-feeding:

Topiramate is not recommended if you are pregnant, planning a pregnancy or are breast feeding. Women of child-bearing age should take adequate contraceptive precautions. Higher doses of the oral contraceptive pill are required whilst taking topiramate. Women taking the oral contraceptive should discuss the dose with their GP.

The best use of medicines in pregnancy (BUMPS) website may also be a useful reference

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