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Episodic Migraine Prevention

Pharmacologic agents by evidence tier for adults with episodic migraine — established, probable, and possible efficacy, insufficient evidence, and agents to avoid.

2012 AAN/AHS Evidence-Based Guideline
Pharmacologic Treatment for Episodic Migraine Prevention in Adults
AAN Quality Standards Subcommittee & AHS · Neurology
2012;78:1337–1345

LEVEL — A · Established | B · Probable | C · Possible | U · Insufficient Evidence

1 Level A — Established Effective (Should Offer)

CLASS	AGENTS	LEVEL
AEDs	Divalproex sodium, sodium valproate, topiramate	A
Beta-blockers	Metoprolol, propranolol, timolol	A
Triptans	Frovatriptan for short-term prevention of menstrually associated migraine (MAM)	A

2 Level B — Probably Effective (Should Consider)

CLASS	AGENTS	LEVEL
Antidepressants	Amitriptyline, venlafaxine	B
Beta-blockers	Atenolol, nadolol	B
Triptans	Naratriptan, zolmitriptan for short-term MAM prevention	B

3 Level C — Possibly Effective (May Consider)

CLASS	AGENTS	LEVEL
ACE-I / ARB	Lisinopril; candesartan	C
Alpha-agonists	Clonidine, guanfacine	C
AEDs	Carbamazepine	C
Beta-blockers / antihistamine	Nebivolol, pindolol; cyproheptadine	C

4 Level U — Insufficient Evidence

CLASS	AGENTS	LEVEL
AEDs	Gabapentin	U
Antidepressants	SSRI/SSNRI fluoxetine, fluvoxamine; TCA protriptyline	U
CCBs	Nicardipine, nifedipine, nimodipine, verapamil	U
Other	Acetazolamide, cyclandelate; antithrombotics (acenocoumarol, Coumadin, picotamide); bisoprolol	U

5 Ineffective — Do Not Offer

- **A neg** — **Established ineffective:** lamotrigine.
- **B neg** — **Probably ineffective:** clomipramine.
- **C neg** — **Possibly ineffective:** acebutolol, clonazepam, nabumetone, oxcarbazepine, telmisartan.

6 Clinical Context & Selection

- **Choosing therapy:** evidence supports Level A efficacy but does not indicate which Level A agent to prefer; individualize by comorbidities, adverse-effect profile, and patient preference.
- **Scope:** applies to pharmacologic prevention only; separate guidelines cover botulinum toxin and NSAIDs/complementary treatments.
- **Underuse:** ~38% of migraineurs need preventive therapy, but only 3%–13% currently use it.

Silberstein SD, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality Standards Subcommittee of the AAN and the American Headache Society. *Neurology.* 2012;78(17):1337–1345.
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