

MEETING ABSTRACT

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EHMTI-0318. The place of corticosteroids in migraine attack management: systematic review and critical appraisal

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Introduction

Headaches recur in up to 87% of migraine patients visiting the emergency department (ED), making ED recidivism a management challenge.

Aims

We aimed herein to determine the role of corticosteroids in the acute management of migraine in the ED and out-patient care.

Methods

A PubMed search was employed for Clinical Studies and Systematic Reviews on the PubMed Clinical Queries tool combining the terms 'migraine' and 'corticosteroids' from 1980 until May 1, 2014.

Results

Twenty-two studies (n = 2203, 50% ED-based, 64% randomized-controlled) and four systematic reviews were included. International Classification of Headache Disorders criteria were applied in 68%. Twenty-one studies indicated observed outcome differences favoring benefits of corticosteroid administration. Median absolute risk reduction was 30% (range 6 - 48.2%) and 11% (6 - 48.6%) for 24- and 72-hour headache recurrence, respectively. Parenteral dexamethasone was the most commonly (65%) administered steroid, at an average single dose of 12.8 mg (range 4 - 24 mg). All meta-analyses revealed efficacy of adjuvant corticosteroids to various abortive medications – indicating generalizability. Adverse effects were tolerable. Higher disability, status migrainosus, incomplete pain

relief, and previous history of headache recurrence predicted outcome favourability.

Conclusions

Our literature review suggests that with corticosteroid treatment, recurrent headaches become milder than pre-treated headaches and later respond to nonsteroidal therapy. Single-dose intravenous dexamethasone provides reasonable option for managing resistant, severe, or prolonged migraine attacks; recommendations include 6-8 administrations per year with follow up of adverse effects.

No conflict of interest.

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