

Topic Team Training – Migraine and Headache in Pharmacy

Headache and migraine are among the most common reasons patients seek advice in community pharmacy. For many, the pharmacy is the first point of contact, particularly when pain is acute, disruptive and requires rapid relief. A well-trained pharmacy team can make a significant difference by asking the right questions, recommending appropriate treatment, and recognising when referral is required.



Most customers presenting in pharmacy will fall into one of three broad groups: tension-type headache, migraine, or medication-overuse headache. Migraine is a neurological condition characterised by moderate to severe, often throbbing head pain, frequently accompanied by nausea, vomiting, and sensitivity to light and sound. Attacks may last from a few hours to several days and can significantly impair daily functioning.

The Importance of Early and Effective Treatment

Evidence shows that treating migraine early in an attack leads to better outcomes. Speed of onset is therefore a critical factor when selecting an analgesic. However, longevity of effect is equally important, as pain that returns a few hours later can be just as disabling and may lead to repeated dosing and potential overuse.

Pharmacy teams should be confident in explaining that the goal is not only to stop the pain quickly, but also to maintain relief long enough for the patient to return to normal activities with minimal need for repeat dosing.

For mild to moderate headache and early migraine, simple analgesics such as paracetamol and ibuprofen remain first-line options. Both have good evidence for efficacy and are familiar to patients. However, many migraine sufferers report that monotherapy is not always sufficient, particularly when pain is severe or accompanied by nausea.

This is where combination analgesics can play an important role. Products combining two active ingredients with different but complementary mechanisms of action, for example paracetamol with an anti-inflammatory agent or with caffeine, can provide:

- Faster onset of relief
- Greater overall pain reduction
- Longer duration of action compared with a single ingredient alone

Importantly, some well-studied combination products have been shown to be more effective than codeine-containing analgesics for acute headache and migraine, while also being less likely to cause nausea and vomiting. This is particularly relevant, as nausea

is already a prominent symptom in migraine and can be worsened by opioids such as codeine. Codeine can also cause drowsiness, constipation and, with repeated use, dependence and medication-overuse headache.

When discussing options with patients, teams can explain that:

- Combining two proven analgesic ingredients can offer stronger and more sustained relief than increasing the dose of a single agent.
- Certain combinations provide effective pain control without the opioid-related side effects associated with codeine.
- Avoiding unnecessary opioid use is in line with current best practice and patient safety.

Managing Nausea and Tolerability

Because nausea and vomiting are common in migraine, tolerability of the chosen product is a key consideration. An analgesic that works quickly but causes gastric upset may not be retained long enough to be effective. Teams should advise patients to take oral medicines at the earliest

sign of migraine, ideally before nausea becomes severe, and to use formulations that are easy to swallow or fast-acting where appropriate.

It is also important to counsel on taking NSAIDs with food (where suitable) and ensuring adequate hydration, while recognising that in significant vomiting, referral to a GP for antiemetic therapy may be necessary.

Avoiding Medication Overuse

Repeated or frequent use of acute pain medicines can lead to medication-overuse headache, a condition where the treatment itself perpetuates the problem. Pharmacy teams should watch for customers purchasing headache medicines regularly and sensitively explore frequency of use. As a general guide:

- Simple analgesics should not be used on more than 15 days per month.
- Combination analgesics should not be used on more than 10 days per month.

Consider:

- Are I and my team confident in distinguishing between common headache and migraine that can be safely managed in the pharmacy, and symptoms that may indicate a more serious underlying cause requiring urgent medical referral?
- How well do we understand the range of appropriate OTC treatment options, including the role of combination analgesics?
- In our day-to-day practice, how effectively do we explore associated symptoms such as nausea, light sensitivity and functional impairment, and use this information to tailor advice, set realistic expectations, and validate the patient's experience?
- What practical steps can we take to improve consistency across the team, such as using structured questioning, monitoring frequency of analgesic use to reduce the risk of medication overuse headache, and clearly signposting patients for GP review when headaches are recurrent, severe or poorly controlled?

Key Points:

- Ensure the team can confidently recommend appropriate OTC analgesia for headache and migraine, including paracetamol, NSAIDs and suitable combination products, tailored to pain severity, associated symptoms such as nausea, medical history and patient preference.
- Promote awareness of red flags and referral criteria, particularly sudden or severe onset, neurological symptoms, fever, worsening or persistent headaches, or poor response to repeated OTC treatment.
- Encourage supportive advice alongside medicines, including early dosing at symptom onset, adequate hydration, rest in a dark, quiet environment, and lifestyle trigger management, while using empathetic language to validate the impact of migraine on daily life.

Actions:

Ensure support staff understand the following key points:

- The typical features of common headache and migraine, including unilateral or bilateral throbbing pain, nausea, light or sound sensitivity and aura, and how these differ from symptoms that may indicate a more serious underlying cause.
- How to recommend appropriate OTC treatment options for headache and migraine, including the correct use of paracetamol, NSAIDs and suitable combination products, and when early use and combination therapy may provide faster and longer-lasting relief than single agents alone.
- How to recognise when referral is required, including sudden or severe onset, neurological symptoms, poor response to treatment, frequent or escalating medicine use, or features suggestive of secondary headache or medication-overuse headache.

HIT PAIN HARD



FASTER



LONGER LASTING



MORE EFFECTIVE

relief than standard painkillers* alone



NUROMOL DUAL ACTION COMBINES THE POWER OF IBUPROFEN & PARACETAMOL IN ONE TABLET.

*Standard Painkillers refers to Standard ibuprofen and standard paracetamol. Date of preparation August 2025. RT-M-1JIEzP

Abbreviated Prescribing Information for: Nuromol Dual Action Film-Coated Tablets, Paracetamol 500 mg, Ibuprofen 200 mg

Please refer to Summary of Product Characteristics (SmPC) for full product information. Full prescribing information available upon request and also available on www.medicines.ie.

Nuromol Dual Action Film-Coated Tablets contain Paracetamol 500 mg and Ibuprofen 200 mg. **Indications:** For the short-term symptomatic treatment of mild to moderate pain associated with migraine, headache, backache, period pain, dental pain, muscular pain, cold and flu, and sore throat. This product is especially suitable for pain which has not been relieved by ibuprofen or paracetamol alone. This medicinal product is indicated in adults aged 18 and older. **Dosage and Administration:** Not for use in under 18 year olds. **Adults:** One tablet to be taken orally up to three times per day with water. Leave at least six hours between doses. If the one tablet dose does not control symptoms, a maximum of two tablets may be taken up to three times a day. Do not take more than six tablets (3,000 mg paracetamol, 1,200 mg ibuprofen) in any 24 hours period. **Elderly:** No special dosage modifications required. Those with renal or hepatic impairment please refer to SmPC. **Contraindications:** In those with hypersensitivity to any of the ingredients, history of hypersensitivity reactions. With active or history of recurrent peptic ulcer/haemorrhage. History of, or an existing gastrointestinal ulceration/perforation or bleeding. Patients with defects in coagulation, severe hepatic failure, severe renal failure or severe heart failure. Concomitant use with other paracetamol or NSAID products. During the third trimester of pregnancy. **Warnings and Precautions:** For short term use (not more than 3 days). Do not exceed recommended dose. **Interaction with Other Medicinal Products:** Do not take with other medicinal products containing paracetamol, ibuprofen, acetylsalicylic acid, salicylates or with any other NSAIDs unless under a doctor's instruction. **Pregnancy:** There is no experience of use of this product in humans during pregnancy. **Breastfeeding:** Ibuprofen can pass in very small amounts into the breast milk. No known harmful effects. Paracetamol is excreted in breast milk but not in a clinically significant amount. It is not necessary to interrupt breastfeeding for short-term treatment. **Side Effects: Very Common:** None listed. **Common:** Oedema, Abdominal pain, vomiting, diarrhoea, dyspepsia, nausea and abdominal discomfort, Hyperhidrosis, Alanine aminotransferase increased, gamma-glutamyltransferase increased, Liver function tests abnormal. Blood creatinine increased, and blood urea increased. Report any suspected adverse reactions via HPRa Pharmacovigilance. Website: www.hpra.ie. **Name and Address of Marketing Authorisation Holder (MAH):** Reckitt Benckiser Ireland Ltd, 7 Riverwalk, Citywest Business Campus, Dublin 24, Ireland. **PA Number:** PA0 979/086/001. **Legal Category:** Product not subject to medical prescription. Supply through pharmacy only. **Date of Preparation:** August 2025. **SmPC:** Available on www.medicines.ie. **Product queries** Please call (01) 630 5429 or contact the MAH above.