A Head Case

New and emerging therapies for migraines

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Every 10 seconds someone in the United States visits the emergency room complaining of head pain, such as the acute migraine experienced by Lloyd, a 56-year-old theater manager, almost 15 years ago. “The pain was nonstop and felt like someone was banging inside my head with a hammer,” he recalls. “I felt dizzy and nauseous and couldn’t stand any lights being on.”

After undergoing a battery of tests that offered no clue about the cause of his vicious headache, Lloyd was discharged from the ER with a prescription for Imitrex, a pain medication that treats nausea and other symptoms of migraines. But the med barely helped.

Today, there are more effective treatments for migraines—which are the most common cause of neurologic disability, according to Peter J. Goadsby, MD, PhD, one of the world’s leading headache experts and a professor of neurology at University College London—such as nerve blocks, which are injections of a steroid or other medication around the occipital nerves in the back of the head. In addition, the Food and Drug Administration OK’d Botox shots for chronic migraines, headaches that occur 15 or more days each month.

Meanwhile, researchers await the results of late-stage clinical trials for the lab-produced injectable drugs erenumab and fremanezumab—classified as monoclonal antibodies—which they hope will reduce or stop migraines. Two other similar meds may become available this year.

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