

Migraine

A booklet for people with migraine and their carers



Artwork (cover and page nine) courtesy
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The Migraine Trust

www.migrainetrust.org

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ISBN 978-1-909103-66-5

This booklet can be photocopied to be used
in the NHS in Scotland.

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Who is this booklet for?

This booklet is for you if:



**you have or think you
have migraines**



**you are a friend, relative
or carer of someone who
has migraines**

The booklet explains:

- what migraines are
- the impact of migraines on daily life
- what treatments are available
- complications associated with migraines, and
- where you can get more information and support.

What is this booklet about?

This booklet explains the recommendations in a clinical guideline, produced by the Scottish Intercollegiate Guidelines Network (SIGN), about the use of medication to manage migraines.

The clinical guidance is based on what we know from current medical research. It also gives advice based on the opinion of healthcare professionals who are trained on how best to manage your care.

On page 41 you can find out how we produce guidelines.

There are five different types of recommendations in this booklet



Strong recommendation

based on good-quality research evidence



Recommendation

based on the research evidence



Recommendation

based on clinical experience



Recommendation against

based on good-quality research evidence



Recommendation against

based on clinical experience

If you would like to see the clinical guideline, please visit
www.sign.ac.uk

What is migraine?

A migraine is a moderate or severe headache often felt as a throbbing pain on one side of the head. It is a common condition affecting around 1 in 7 people and it often runs in families. A list of symptoms can be found on page 6.



If you are not able to carry on with your usual activities because your headache is too severe, then this is likely to be migraine. Several things that can trigger a migraine, and details of them, are on page 10.

What are the different types of migraine?

There are three main types of migraine.

1

Migraine with aura. This is when there are specific warning signs just before the migraine begins, such as seeing flashing lights.

2

Migraine without aura. This is the most common type, where the migraine occurs without the specific warning signs.

3

Migraine aura without headache, also known as silent migraine. This is where there is an aura or other migraine symptoms, but a headache doesn't develop.

Migraine is classed as **episodic** or **chronic**.

Migraines can last from a few hours to several days. Some people develop chronic migraine that affects them every day.

Episodic migraine is when a person has 14 or fewer migraine or headache days a month. This does not have to be on consecutive days.

Chronic migraine is when a person has migraine or headache on 15 or more days a month. This does not have to be on consecutive days.

People with chronic migraine may not have migraine only. Usually they have a mixture of milder background headache and migraine.

"My migraine is not always chronic.
It goes in cycles of good to bad."

What are the symptoms of migraine?

The main symptoms of migraine are:

- moderate to severe headache that is pulsating or pressing, usually on one side of the head but can be anywhere on the head, face or neck
- feeling sick
- dislike of light
- dislike of sound
- dislike of smell, and
- dislike of movement.

“Having chronic migraine has meant that I have had to adapt my life according to my condition/symptoms meaning I cannot do some things or do things to the extent that I used to.”

Other less common symptoms include:

- dizziness
- tenderness known as **allodynia** on the area of your head where you feel the headache
- losing part of your vision for a time
- muscle weakness, changes in your speech and feelings of confusion
- disturbances such as teariness, eye reddening, stuffy or dripping nose, swelling round the eye and a full feeling in the ear.

Allodynia

happens when you feel pain in areas that would not normally be painful to touch, such as when you touch your skin or brush your hair.

What conditions are wrongly diagnosed as migraine?

Migraine can be mistaken for tension-type headache and sinus headache.

An aura does not have to occur for the headache to be migraine. Only a third of people with migraine experience an aura.

Sinus headache

In many people with migraine, their headache extends down into the face. Sometimes the pain is just in the face and occasionally only in the lower half of the face. When pain affects the face, unconscious symptoms are more common. These include reddening of the eyes, eye watering and nose dripping. In these people, sinus headache is often diagnosed instead of migraine.

In sinusitis the pain is usually much more localised, concentrated in the upper part of the face and worst around the eyes and cheek bones. It is accompanied by foul-tasting material that drips down into the throat. Sinusitis is usually a one-off, lasting days to a week. It does not occur at repeated intervals or persist for months.

Tension-type headaches

Tension-type headaches are not disabling and most people can do normal activities with a tension headache.

How do migraines affect daily life?

The effect of migraines on daily life is different for everyone. It all depends on how severe and frequent they are.

During a migraine attack, the pain usually starts on one side of the head and gradually increases. For some people, the pain follows an aura that can be quite tiring to cope with.

Migraines can affect all your daily activities such as education, work, the ability to drive or travel, and your social life, family life and holidays.

Some people have migraines often, up to several times a week. Other people only have a migraine occasionally. It's possible for years to pass between migraine attacks.

Details of support organisations and other places where you can get more information are on page 39.



What are my triggers for migraine?

Everyone's experience of migraine is different, so you need to find out what your own triggers are.

To help with this, you should consider keeping a diary to try to identify things that may trigger your migraines, which you can then try to avoid.



In your diary you may wish to include:

- all headaches and how severe they were
- medication you have taken
- food and drink you have consumed
- lighting inside and outside
- menstrual cycle
- any stress or changes to your daily routine that you think might have affected you.



For more information about migraine triggers, please visit: www.migrainetrust.org/about-migraine/trigger-factors/common-triggers/

How can I help myself?

Having a regular daily routine can help you manage your migraine.

You may want to consider following this advice:

- Keep to a regular sleep pattern.
- Eat regularly and don't skip meals (more frequent small meals may help).
- Drink plenty of water but limit alcohol and fruit juice, and limit caffeine from tea, coffee and some soft drinks.
- Take regular exercise.
- Avoid perfumes.
- Avoid bright, flashing or flickering lights. Consider wearing sunglasses when outside or in bright, flashing or flickering light inside.
- Take regular breaks from computers.
- Try relaxation activities such as mindfulness, yoga or meditation.

The impact of migraine can sometimes be under-recognised by those closest to you. It is important to ask for help when you need it.

Here are some suggested ways that you could ask your family, friends or employer for help:

- Discuss with family and friends how they can support you, such as with back-up childcare arrangements or help at home.
- Discuss with your employer, if appropriate, working patterns and measures to reduce your migraine triggers when at work.

"Not knowing when you are going to have a migraine and if the medication is going to work has an effect on planning any activity and it annoys people if you call off due to migraine. Family suffer as you may have to go to bed and cannot be a fully functioning member of the family."



Further information and support about ways to help yourself and what others can do to help is available from the **Migraine Trust**. Full contact details are available on page 39.

What can I expect from visiting my GP for help?

On your first visit, your GP will try to exclude serious causes for your headaches and, if time allows, make a diagnosis.

If migraine is diagnosed, your GP will discuss medication options and may provide leaflets or website addresses for further information. Your GP may also ask you to complete a diary to find out your migraine triggers, which is described on page 10.



At your follow-up appointments, your GP may do the following things:

- ☐ Ask how you have been coping with any medication prescribed.
- ☐ Ask about the impact of your headaches on your daily life.
- ☐ Check your migraine diary.
- ☐ Discuss your treatment options.
- ☐ Consider what lifestyle adjustments may help.
- ☐ If appropriate, discuss such things as pre- and post-pregnancy planning.
- ☐ Consider whether to refer you to a hospital specialist.

What is acute treatment of migraine?

Acute treatment is used to stop or reduce migraine symptoms.

Acute treatment should be started as soon as you know you are getting a migraine. If you have an aura with your migraine, start the treatment when the headache begins, not when the aura starts unless these happen at the same time.

If a migraine attack is untreated or not treated effectively, you may need to lie down in a dark quiet room until the attack is over.

Different types of medication are available but not all medications will work for all headaches. A table of medication which may be used is available on pages 15–18.

It may take several attempts to get the medication right for you. If you vomit early on in a migraine attack, your doctor can prescribe medication to stop you feeling sick as well as migraine medication.








Recommendation based on clinical experience



Your doctor should tell you about medication-overuse headaches, which can develop while you are trying to treat your migraine. More details about medication-overuse headache are on page 19.






What medication can I take to stop or reduce the symptoms of migraine?

Where information is given about how often you should take a medicine, this is to limit the chance of medication-overuse headache.

Medication		
Medicines	Key information	Possible side effects
Aspirin	<p>Recommended to be taken as the first treatment and given in a dose of 900 mg. </p> <p>Should be taken a maximum of 2 days per week.</p> <p>The doses of aspirin recommended for migraine should not be used if you are pregnant. </p> <p>For other conditions during pregnancy, your doctor may prescribe low-dose aspirin.</p>	<p>Can sometimes cause stomach irritation but adverse effects from short-term use are mostly mild.</p>

Medication		
Medicines	Key information	Possible side effects
Ibuprofen	<p>Recommended to be taken as the first treatment and given in a dose of 400 mg. If this is ineffective, it can be increased to 600 mg. </p> <p>Should be taken a maximum of 2 days per week.</p> <p>Should not be used in the last three months of pregnancy.</p>	Can cause irritation to the stomach if used over a long period.
Paracetamol	<p>Paracetamol can be effective for migraine. It is given in a dose of 1000 mg to people who are unable to take other medicines for treating migraine. </p> <p>Should be taken a maximum of 2 days per week.</p> <p>Its good safety record makes paracetamol the first choice for the short-term relief of mild to moderate headache during any stage of pregnancy. </p>	No serious side effects have been reported.

Medication		
Medicines	Key information	Possible side effects
Anti-sickness medications: metoclopramide and prochlorperazine	<p>Metoclopramide and prochlorperazine reduce nausea and may prevent vomiting.</p> <p>They can be used in combination with other acute treatments.</p> <p>Because they can treat headache, they are also used on their own.</p> <p>Metoclopramide can be taken by mouth and also by injection in doses of 10 mg. </p> <p>Prochlorperazine can be taken by a tablet that dissolves in the mouth and by injection in doses of 10 mg. </p>	<p>Can cause feelings of drowsiness and dizziness.</p>

Medication		
Medicines	Key information	Possible side effects
Triptans: sumatriptan, almotriptan, eletriptan, rizatriptan, zolmitriptan, naratriptan and frovatriptan	<p>Triptans are effective for most people with migraine.</p> <p>Sumatriptan is recommended as the triptan to try first. </p> <p>Sumatriptan can be taken a maximum of two days a week.</p> <p>If sumatriptan does not work, you should be offered other triptans until the best one for you is found.</p> <p>Triptans are recommended for women whose migraine is associated with menstruation. Further details are available on page 29. </p> <p>If you have severe acute migraine or early vomiting, zolmitriptan taken by a nasal spray or sumatriptan taken by injection should be considered. </p> <p>Sumatriptan can be used in all stages of pregnancy. </p> <p>A combination of sumatriptan and naproxen (which is not a triptan but a medicine that reduces inflammation), can be considered. </p>	<p>Most patients get few or no side effects.</p> <p>Common side effects are:</p> <ul style="list-style-type: none"> • sensations of tingling, heat, heaviness, pressure, tightness of throat or chest • flushing • dizziness • feeling of weakness, fatigue • nausea and vomiting.

What are medication-overuse headaches?

Frequent use of any acute medication that is used to treat migraine and headaches can make it more likely that you will have more headaches. If you have migraines more than 10 days per month, you are at risk of medication-overuse headaches.

Some people who use pain medication for another health condition may go on to develop medication-overuse headaches.



Strong recommendation based on good-quality research evidence

Your doctor should discuss medication overuse with you to address any problems you are having.

The risk factors for developing medication-overuse headaches are:

- frequent migraine
- another painful condition requiring pain medication, and
- use of opioid-containing medication.

Not all people who have regular headaches and frequently use acute medication have medication-overuse headaches.



For pain killers such as aspirin, ibuprofen and paracetamol, 15 or more days of use per month is enough to cause medication-overuse headaches.

For triptans and opioids such as codeine, 10 or more days can cause medication-overuse headaches.



Recommendation based on clinical experience

If you are using opioids for another health condition and they are causing medication-overuse headache, your doctor should discuss a plan with you to withdraw them gradually.

How can medication-overuse headaches be managed?



Recommendation based on the research evidence

There are three main strategies for managing medication-overuse headaches. Your doctor will discuss with you what strategy will suit you best.

- Stopping all acute medication.
- Stopping all acute medication and starting a migraine-preventive medication.
- Starting a migraine-preventive medication.

Can migraine be prevented?

Migraine can have a severe impact on your quality of life and ability to function day to day. Some people will have occasional migraines while others may have very frequent attacks. There is no cure for migraine, but using some types of medication can make your migraine less severe or less frequent. Preventive treatments can be taken every day. Most of them were originally designed to treat other conditions.

Will I receive preventive medication?


Your doctor will be able to discuss with you the best ways of managing your migraine, based on how often you get them and how severe they are. Not everyone will need or benefit from this treatment. Preventive treatment should be avoided when planning a pregnancy or when pregnant as there is limited evidence for what is safe.



How long will I need to take preventive type of medication?


You may need to take a preventive medication for some time before feeling any benefits. Your doctor will monitor any effects carefully and decide how long to continue. It is worth asking whether or not you still need preventive medication after six months to one year.

What medications can be used to prevent migraines?




Preventive medication		
Medicines	Key information	Possible side effects
Propranolol (80–160 mg daily)	<p>Propranolol is a beta blocker and has effects on heart rate, blood pressure and anxiety.</p> <p>Recommended as the first treatment to try if you have episodic or chronic migraine. </p>	<p>Can cause nausea, diarrhoea, vivid dreams and tiredness. Should be used with caution if you have asthma.</p>

New treatments are being developed and SIGN will update the guideline when further information is available.


Preventive medication

Medicines	Key information	Possible side effects
Topiramate (50–100 mg daily)	<p>Topiramate was developed to treat epilepsy but is now more commonly used to prevent migraine.</p> <p>It is recommended if you have episodic or chronic migraine. </p>	<p>Should be avoided if you have depression or anxiety. It commonly causes tingling in the hands. In some people it can cause a slowness of the thought processes and can sometimes cause significant weight loss.</p> <p>Should be avoided if you have a history or family history of glaucoma as it can bring on glaucoma.</p>



Preventive medication

Medicines	Key information	Possible side effects
Amitriptyline (25–150 mg at night) and other tricyclic anti-depressants	<p>Amitriptyline is an antidepressant, but is now more commonly used to treat headache and other pain.</p> <p>Amitriptyline should be considered as a treatment if you have episodic or chronic migraine. </p> <p>For people who cannot tolerate amitriptyline, a less sedating antidepressant should be considered. </p>	Can cause a dry mouth and drowsiness.
Candesartan (16 mg daily)	<p>Candesartan is usually used to treat blood pressure but can be effective for migraine.</p> <p>Candesartan can be considered as a treatment if you have episodic or chronic migraine. </p>	Usually has minimal side effects.




Preventive medication

Medicines	Key information	Possible side effects
Sodium valproate (400–1,500 mg daily)	<p>Sodium valproate is used to treat epilepsy but can be effective for migraine.</p> <p>Sodium valproate can be considered as a treatment if you have episodic or chronic migraine. </p>	<p>Can cause fatigue, dizziness, tremors and weight gain.</p> <p>Should not be used by women who may become pregnant as it can cause serious harm to unborn children. More details are available on page 36.</p> <p>If it is used by women in their childbearing years, a pregnancy prevention programme must be used.</p>

Preventive medication

Medicines	Key information	Possible side effects
Flunarizine (10 mg daily)	<p>Flunarizine is not licensed in the UK. It is usually provided through hospital-based headache services.</p> <p>Flunarizine should be considered as a treatment if you have episodic or chronic migraine. </p>	Should be used with caution if you have depression as it can make this worse.
Gabapentin	<p>Gabapentin is usually used for treating epilepsy and chronic pain. There is good evidence that it is not helpful for migraine.</p> <p>Gabapentin is not recommended for treating people with episodic or chronic migraine. </p> <p>It may be used where headache is part of a more generalised pain disorder.</p>	Common side effects with high doses include fatigue, dizziness and flu-like symptoms.

Preventive medication

Medicines	Key information	Possible side effects
Botulinum toxin A	<p>Not recommended for treating people with episodic migraine. </p> <p>It is recommended for treating people with chronic migraine, where medication overuse has been tackled and people have been suitably treated with three or more migraine-preventive treatments. </p> <p>Should only be given by appropriately trained healthcare professionals under the supervision of a headache clinic or the local neurology service. </p>	<p>Usually has minimal side effects.</p> <p>Can cause muscle weakness, neck pain, stiffness, tingling, and skin tightness.</p>

I only get a migraine around the time of my period. Is the treatment the same?

Some women only get a migraine before or during their period. Some medications can be used before and during your period to prevent or reduce your likelihood of a migraine. You will need to discuss this with your doctor, because if you also need to use this type of medication when you don't have your period, it can increase your risk of medication-overuse headaches.

More details about medication-overuse headaches can be found on page 19.



What treatment is best to treat a migraine if I only get it around my period?

If migraines are frequent and severe during your period but less frequent or absent at other times, then it can be worth taking a regular triptan starting from two days before your period begins, for a total of five days.

You should only continue taking a triptan if it is effective in reducing the frequency or severity of your migraine around and during your period. If it just delays the headaches or is not effective, it should be stopped.

If triptans are used more than 10 days a month, medication-overuse headaches can develop.



Recommendation based on the research evidence

The first triptan you will be offered is frovatriptan at a dose of 2.5 mg twice daily for a total of five days.

If this is not effective, you can be offered naratriptan or zolmitriptan at a 2.5 mg dose over five days.

Are devices available to help with migraine?

Devices are a non-medicine therapy that can sometimes be used to treat acute migraine or used regularly to reduce the number of migraines. They can offer an alternative, or an addition, to medication. There is little evidence at present for how effective they are or what side effects they may have. They are not routinely prescribed for use on the NHS. Below is a summary of three devices.

Single-pulse transcranial magnetic stimulation

Single-pulse transcranial magnetic stimulation (sTMS) is self-administered. This involves placing the device against the back of the head for less than a second to deliver a very brief pre-set magnetic pulse. The pulse generates mild electrical currents in the brain tissue that are believed to interrupt the brain activity associated with migraines.

Transcutaneous vagus nerve stimulation

The device is placed on the neck and it stimulates the vagus nerve (a nerve in the neck) by using a small electrical current. It is thought that stimulating the vagus nerve may reduce overactive parts of the brain that may generate migraine headaches.

Transcutaneous electrical stimulation of the supraorbital nerve

The device delivers through the skin electrical nerve stimulation to a nerve above the eye called the supraorbital nerve. This then stimulates a nerve responsible for sensation in the face, which is involved in migraine. The device looks like a headband that is worn across the forehead. The device is intended to be worn for a 20-minute session, once per day, every day as a preventive treatment.



Information about devices can be found on the **Migraine Trust** website. Contact details are on page 39.

Is it safe to take medication if I might become pregnant?

Before prescribing medication for migraine, your doctor will explain the benefits and potential risks of the treatment. If there is a possibility you will become pregnant, your doctor will discuss the risks of taking the medication during pregnancy.

Some medications can potentially cause harm to unborn babies. If your doctor prescribes a medication that carries a risk of harm, they will explain the need for you to use contraception while taking the medication. It is important that you follow their advice.

Advice about medicines can be found in the tables on pages 15 and 23.

What should I do if I am planning to become pregnant?

If you are taking any medication and are thinking of having a baby, you should ask your doctor for further advice before you become pregnant. The doctor will review your current medication and advise you about any changes that might be needed to your medication or your lifestyle.

What should I do if I have an unplanned pregnancy?

If you are taking any medication to treat migraine and find that you are pregnant, talk to your doctor as soon as possible.

It is important to let your doctor know about any medicines you are taking, such as aspirin, ibuprofen and paracetamol, even if you have bought them over the counter at a pharmacy.



Advice about medicines can be found in the tables on pages 15 and 23.

Sodium valproate should not be taken for migraine during pregnancy as it can be harmful to an unborn baby. More information is on page 36. If you discover you are pregnant while taking valproate, you should speak to the person who prescribed it as soon as possible.



For more information about migraine in pregnancy, please visit the **Migraine Trust** website: www.migrainetrust.org/living-with-migraine/coping-managing/pregnancy-breastfeeding/



Strong recommendation based on good-quality research evidence

Before being prescribed sodium valproate, your doctor should inform you of the following:

- The risks associated with taking valproate during pregnancy.
- That potentially harmful exposure to valproate may occur before you are aware you are pregnant.
- The need to be on a pregnancy prevention programme.
- The need to seek further advice on medicines to prevent migraine if you are pregnant or planning a pregnancy.

When prescribing sodium valproate, your doctor should use the **Medicines and Healthcare products Regulatory Agency** checklist on page 37.

The Medicines and Healthcare Products Regulatory Agency regulates

medicines, medical devices
and blood components
for transfusion
in the UK.

Valproate patient card and checklist

Important information for all girls and women who could become pregnant

Valproate ▼: Contraception and Pregnancy Prevention

CONTAINS NEW
INFORMATION

What you must do

prevent
valproate pregnancy
prevention programme

- Read the package leaflet carefully before use.
- Never stop taking valproate without discussing it with your doctor as your condition may become worse.
- If you are thinking about having a baby, do not stop using valproate and contraception before you have talked to your doctor.
- If you think you are pregnant, do not stop using valproate. Make an urgent appointment with your GP.
- Ask your doctor to give you the Patient Guide for **prevent** – the valproate pregnancy prevention programme.

SAGB.VPA.15.12.1440b(1)

UPDATED MAY 2018

Valproate ▼ (Epilim, Depakote, Convulex, Episenta, Epival, Kentlim, Orlept, Sodium Valproate, Syonell & Valpal)

Contraception and Pregnancy Prevention – Important information to know

- Valproate is an effective medicine for epilepsy and bipolar disorder.
- Valproate can seriously harm an unborn baby when taken during pregnancy.
- Always use effective contraception at all times during your treatment with valproate.
- It is important to visit your specialist to review your treatment at least once each year.

▼ These medicines are subject to additional monitoring. Report any side effects to www.mhra.gov.uk/yellowcard

Keep this card safe so you always know what to do.

For more information, please visit: www.gov.uk/guidance/valproate-use-by-women-and-girls

Treatment with valproate for female patients: Checklist for patients and prescribers

A. Checklist for Prescribers

Name of Patient /carer

I confirm that the above named patient does not respond adequately or tolerate other treatments or medical treatments and requires valproate ☐

I have discussed with the above named Patient/carers:

The overall risks of an approximately 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems that can lead to significant learning difficulties in children exposed to treatment with valproate during pregnancy. ☐

Individual risk can be minimised by use of the lowest possible effective dose ☐

The need for contraception (if child bearing age) ☐

The need for regular review of the need for treatment ☐

The need for urgent review if the patient is planning a pregnancy ☐

I have given the patient/carers a copy of the patient information booklet ☐

Name of Prescriber

Date

B. Patient /Carer Checklist

I understand

Why treatment with valproate rather than another medicine is considered necessary for me ☐

The risks of an approximately 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems that can lead to significant learning difficulties in children exposed to treatment with valproate during pregnancy. ☐

That I am advised to use contraception if not planning a pregnancy ☐

That my treatment should be reviewed regularly ☐

That I should request an urgent review if planning a pregnancy PRIOR to attempting to conceive ☐

Name of Patient/ Carer

Date

Is it safe to take medication when I'm breastfeeding?

You should discuss with your doctor what medicines you can take during breastfeeding, as some medicines should not be taken.



For more information about migraine in pregnancy, please visit the **Migraine Trust** website: www.migrainetrust.org/living-with-migraine/coping-managing/pregnancy-breastfeeding/

Where can I find out more?

The Migraine Trust

The Migraine Trust seeks to improve the lives of people with migraine through research and education. They have information and advice on their website about coping with migraine.

Phone: 0203 9510 150

Website: www.migrainetrust.org

NHS inform

NHS inform is a national health information service for Scotland.

Phone: 0800 22 44 88

Website: www.nhsinform.scot

NHS 24

NHS 24 can answer questions on any health matter and give you advice.

Phone: 111

Website: www.nhs24.scot

Breathing Space

Breathing Space is a free and confidential service that helps if you are feeling down or experiencing depression and need someone to talk to. Breathing Space also offers a free and confidential British Sign Language (BSL) service you can access using its website.

Phone: 0800 83 85 87

Website: www.breathingspace.scot

Scottish Intercollegiate Guideline Network (SIGN)

Details of all SIGN patient booklets can be found on the website and they can be downloaded or posted out to you.

Phone: 0131 623 4720

Website: www.sign.ac.uk/patient-publications.html

How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



1
**Gather lived
experience**



2
**Identify the
questions**



3
**Search for the
evidence**



4
**Look at the
evidence**



5
**Make judgements
and
recommendations**



6
**Ask people for
feedback**



7
Publish



8
**Let everybody
know about our
guidelines**

You can read more about us by visiting www.sign.ac.uk or you can phone **0131 623 4720** and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone **0131 623 4720** or email sign@sign.ac.uk

www.sign.ac.uk



www.healthcareimprovementscotland.org

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Telephone 0141 225 6999

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.