



Diagnosis and Treatment of Migraine

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1. Introduction

Migraine is a common neurological disorder characterized by recurrent attacks of moderate to severe headache, often associated with nausea, vomiting, and photophobia. The pathogenesis of migraine is complex, involving genetic, environmental, and neurobiological factors. The International Classification of Headache Disorders (ICHD-3) provides the criteria for the diagnosis of migraine.

The diagnosis of migraine is primarily clinical, based on the patient's history and physical examination. The ICHD-3 criteria require the presence of at least two of the following features during an attack: unilateral and/or orbital, throbbing or pulsating quality, moderate to severe pain, and duration of 5-14 hours. Associated symptoms such as nausea, vomiting, photophobia, and phonophobia are also characteristic.

The treatment of migraine aims to relieve the acute symptoms and prevent future attacks. Acute treatment options include non-steroidal anti-inflammatory drugs (NSAIDs), triptans, and antiemetics. Preventive treatment is indicated for patients with frequent or disabling attacks and includes beta-blockers, calcium channel blockers, and anti-epileptics.

Recent advances in the understanding of migraine pathophysiology have led to the development of novel targeted therapies, such as monoclonal antibodies against calcitonin receptor-like receptor 1 (CGRP) and 5-HT_{1B/1D} receptors. These treatments have shown promising results in clinical trials, offering a new paradigm in the management of migraine.

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Accepted

Confidential

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