

Dr Dominic Paviour
Consultant Neurologist
BSc MBBS PhD FRCP

St Anthony's Hospital
801 London Road
North Cheam
Surrey
SM3 9DW
020 8337 6691

The New Malden Diagnostic
Centre
171 Clarence Avenue
New Malden
KT3 3TX
020 8942 6555

Parkside Hospital
53 Parkside
Wimbledon
London
SW19 5NX
020 8971 8026

The Lister Hospital
Chelsea Bridge Road
Chelsea
London
SW1W 8RH
020 7730 7733

Practice Manager: gayle.goodwin@phf.uk.com Tel: 020 7042 1850

PROPRANOLOL FOR MIGRAINE

What is propranolol?

Propranolol is a member of a group of drugs known as Beta-Blockers. These are widely used in a number of areas but particularly in cardiovascular medicine. They are also very effective in the prevention of migraine.

What are its side effects?

No tablets are without side effects in a small number of people. The main problems associated with Beta-Blockers are fatigue and coldness of the hands and feet. They should not be used if you have asthma or bronchitis as they can make this condition worse. Please check with your doctor if you have any other problems that may prevent you from taking beta-blockers.

Some possible side-effects

Light-headedness or fainting (especially when getting up from a sitting or lying down position)

Dizziness, tiredness, blurred sight

Feeling or being sick, stomach upset

Cold hands or toes, tingling feelings, sexual problems, shortness of breath, disturbed sleep, mood changes, headache

What can I do if I experience this?

Getting up more slowly may help. If you begin to feel dizzy, lie down so that you do not faint, then sit for a few moments before standing. If this continues, speak with your doctor

If this happens, do not drive or use tools or machines

Stick to simple foods, and eat regular small meals

Speak with your doctor if any of these become troublesome

How should I take it?

Propranolol is usually started at 10mg or 20mg twice daily and increased after one or two weeks to 40mg twice daily. After then, slow release tablets can be used (Propranolol MR) at 80mg once daily with an increase to 160mg after 2 weeks if there are no side effects. There is no need to increase above any dose which helps symptoms significantly.

Pregnancy and breast-feeding?

Beta-blockers can cause intra-uterine growth retardation, neo-natal hypoglycaemia and bradycardia. Whilst the amount of beta-blocker secreted into breast milk is low, infants should be monitored as there is a possibility of toxicity. Generally speaking, beta-blockers should be avoided unless the benefit of using them outweighs risk.

How long do I need to be on the tablets for?

You need to take the medication at the maximum dose you can tolerate for at least 8 weeks before a benefit can be judged. If there is a benefit then they should be taken for at least 4-6 months after which time you may like to discuss with your doctor whether you can withdraw them.

Although this medication is widely used by headache specialists and there is a large amount of experience with it, it should be noted that it is not licensed for use in headache.

This leaflet is intended to provide a brief overview of aspects of this treatment protocol. It is not intended as a substitute for the comprehensive 'product information' leaflet found inside all boxes of medication. The 'product information' leaflet should always be read before taking medication. Your prescribing doctor will discuss the risks and benefits of the medication as it relates to you and answer any further questions you may have.

Dr Dominic Paviour PhD MRCP
info@drpaviour.com

Tel: 0845 556 1235

Consultant Neurologist
Fax: 020 7042 1851