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Name of person completing response: **Michael Mulholland/ Adrian Hayter**

The Royal College of General Practitioners supports these guidelines as Headache is a common and challenging presentation. Headache is one of the most common reasons for patients to visit general practice in the UK. It's estimated that around 4-5% of all consultations in primary care are related to headache. This makes it a very frequent presenting symptom.

- We strongly support downgrading from 'offer' to 'consider' for propranolol and topiramate. It better reflects concerns about propranolol overdose risk (HSSIB report) and teratogenicity risks of topiramate (MHRA Pregnancy Prevention Programme). In primary care, this provides GPs more flexibility for tailored, safer decision-making.
- We recommend highlighting that while topiramate is effective, risk communication and contraception counselling must be robust and documented in the primary care record to align with MHRA requirements. A template or standardised checklist could be helpful for implementation.
- Given the concerns around propranolol toxicity, NICE could advise considering alternative first-line agents in individuals with significant depressive symptoms or self-harm history – this would support safer primary care prescribing decisions.
- It is important to clarify that dose titration and withdrawal effects for amitriptyline should be discussed with patients at initiation, referencing NICE NG215 (Medicines associated with dependence or withdrawal symptoms), to ensure informed consent.
- We believe that shared decision-making tools, including decision aids around migraine prophylaxis options, could improve patient engagement and safety. Particularly important where all three agents have material risks.
- NICE only include three preventatives and one or more are likely to be unacceptable to some people with chronic migraine: topiramate unsuitable for pre-menopausal women; propranolol for people with a history of asthma or wheeze, or suicidal risks; tricyclics - suicidal risks and cardiovascular problems. As the recommendation is to try three preventatives before moving to the next level of intervention, NICE should appraise other medicines that may be used eg review the place of ARBs (candesartan etc)
- Overall, we suspect these guidelines were written for GPs and first line clinicians, yet it is clear they were written by neurologists hence making them informative but less applicable to practice.