Can pharmacological interventions benefit those with an acute attack of vestibular migraine?

**Clinical Question**
How safe and effective are pharmacological interventions used to relieve acute attacks of vestibular migraine?

**Bottom Line**
This review included two studies, both of which compared the use of triptans (either rizatriptan or zolmitriptan) to placebo, for the treatment of acute attacks of vestibular migraine. Triptans may make little or no difference to the proportion of people who experience an improvement in their vertigo symptoms at up to two hours, or between 12 and 72 hours, but the evidence was very uncertain.

When considering headache symptoms, the evidence was also very uncertain. However, fewer people reported an improvement in headache at up to two hours after taking triptans than those who took a placebo. At 12 to 72 hours there was little or no difference between the two groups. There was also little or no difference in other migraine related symptoms (including nausea and vomiting, photo- and phonophobia) at both up to two hours, and 12 to 72 hours, but the evidence was all very uncertain.

**Caveat**
The lack of robust evidence in this area should be recognised by people with vestibular migraine and healthcare professionals, when deciding on possible treatments for this condition.

**Context**
Vestibular migraine is a form of migraine where one of the main features is recurrent attacks of vertigo. These episodes are often associated with other features of migraine, including headache and sensitivity to light or sound. The unpredictable and severe attacks of vertigo can lead to a considerable reduction in quality of life. The condition is estimated to affect just under 1% of the population, although many people remain undiagnosed. A number of pharmacological interventions have been used, or proposed to be used, at the time of a vestibular migraine attack to help reduce the severity or resolve the symptoms. These are predominantly based on treatments that are in use for headache migraine, with the belief that the underlying pathophysiology of these conditions is similar.

**Cochrane Systematic Review**

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Systematic review link: