

## **Proposal:**

### **Paracetamol should be deleted from the list for migraine.**

Paracetamol on its own has been investigated in acute migraine treatment in only two randomised controlled trials (RCTs) [1,2]. In one study, oral paracetamol 1000 mg (n=147) was superior to placebo (n=142) with therapeutic gains (TG) of 19% (95% CI: 8% to 30%) for headache response at 2 hours and 11% (95% CI: 3% to 19%) for pain-free at 2 hours[1]. In the other, small RCT (n=60), intravenous paracetamol 1000 mg (12 patients with pain relief or pain-free) was not different from placebo (10 patients with pain relief or pain free) [2]. In conclusion, the scientific evidence is slight but suggests that paracetamol has only a minor and not clinically relevant effect in migraine. It is insufficient to support its general use in migraine.

Paracetamol should not, therefore, be included in the List of Essential Medicines for acute migraine.

#### **References.**

1. Lipton RB, Baggish JS, Stewart WF, Codispoti Jr, Fu M. Efficacy and safety of acetaminophen in the treatment of migraine: results of a randomized, double-blind, placebo-controlled, population-based study. *Arch Intern Med* 2000; 160: 3486-3492.
2. Leinisch E, Evers S, Kaempfe N, Kraemer C, Sostak P, Jurgens, Straube A, May A. Evaluation of the efficacy of intravenous acetaminophen in the treatment of acute migraine attacks: a double-blind, placebo-controlled parallel group multicenter study. *Pain* 2005; 117: 396-400.

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