



2026 INTERVIEW SUMMARY SHEET

SPEAKER

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TOPIC

Migraine in Older Adulthood: What Really Changes?

TITLE & ORGANIZATION

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KEY TAKEAWAYS

- Older patients frequently face a loss of agency, where doctors may dismiss symptoms as "normal aging" or speak to caregivers rather than the patient.
- Migraine is an "N-of-1" study; treatment eligibility should be determined by health status and comorbidities (e.g., heart disease, diabetes) rather than a birth date.
- In older adults, migraine may lose its "one-sidedness" and become more generalized, which often indicates chronification rather than a shift to tension-type headaches.
- Most clinical trial data is centered on 20- to 40-year-olds, leading to a lack of evidence-based guidelines for the 65+ population.
- Maintaining a consistent daily schedule for sleep, meals, and exercise is the most effective way to stabilize the "funky" sensory processing system in a migraine brain.

KEY TREATMENTS

- Antidepressants
- CGRP Inhibitors
- DHE (dihydroergotamine)
- Lasmiditan (Reyvow) *discontinued in 2025
- Occipital nerve blocks
- OnabotulinumtoxinA (Botox)
- Rofecoxib (Vioxx)
- Triptans

NOTABLE QUOTES

"The brain likes routine. The brain doesn't like surprises. And that's the system that runs funky in migraine."

"You've done nothing wrong except live a long time. And you shouldn't be penalized for that."

PRACTICAL STEPS

- Notice who your provider addresses, and center yourself as the primary voice in your care.
- If you have hearing or visual impairments, explicitly ask your doctor to speak slower or adjust their positioning to ensure clear communication.
- Use a headache tracking app to provide objective data to your physician, focusing on changes in frequency and severity.
- Set a consistent wake-up time and meal schedule — even on weekends or during retirement — to minimize "surprises" to the nervous system.
- If you have been told you are "too old" for certain medications, ask for a specific evaluation of your cardiovascular health to see if newer options like CGRP inhibitors are appropriate.