



2026 INTERVIEW SUMMARY SHEET

SPEAKER

Deborah Friedman,
MD, MPH, FAAN, FAHS

TOPIC

The Six Most Common Mistakes in Migraine Management

TITLE & ORGANIZATION

Neuro-Ophthalmologist & Headache Specialist
Yellow Rose Headache & Neuro-Ophthalmology
Dallas

KEY TAKEAWAYS

- Early intervention during an attack is critical because physiological changes in the brain after the first hour make migraines harder to stop.
- Prevention should not be reserved only for people with chronic migraine.
- Clinicians should investigate secondary causes if migraine attacks happen more frequently.
- Gastric stasis, or gastroparesis, is common during attacks, and in these cases, shifting to non-oral routes of drug administration is advisable.

KEY TREATMENTS

- Cognitive behavioral therapy (CBT)
- Gepants
- Neuromodulation devices
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- OnabotulinumtoxinA (Botox)
- Opioids
- Triptans

NOTABLE QUOTES

“When we talk about acute treatment, I would say the No. 1 barrier is not taking their medication early enough.”

“So I tend to encourage people to think about prevention, even when they have relatively low-frequency, as it's termed, migraine attacks during the month.”

PRACTICAL STEPS

- Use a headache diary to track patterns and treatments taken to share with your healthcare provider.
- Eliminate screen time before bed.
- Keep a consistent sleep schedule (including weekends).
- If oral medications are slow to work, discuss non-oral options with your doctor.
- Take acute medication at the onset of symptoms, rather than waiting to see if the pain gets worse.
- Focus on raising the pain threshold by addressing sleep, exercise, and effective preventive care.