



Propranolol for (Vestibular) Migraine

Propranolol is a Beta-Blocker, mainly used in cardiovascular conditions, but it is also effective in treating migraine.

What is the dosage?

The dose should be gradually increased as detailed below. You should increase the dose until symptoms are suppressed or you reach the maximum dose. If you experience intolerable side effects, then reduce to the previous dose and discuss with your prescribing doctor.

Propranolol is usually started at either 10mg or 20mg twice daily, and increased in 10-20mg increments, every 1-3 weeks, up to 40mg twice daily. Further increases up to a maximum of 120mg twice daily can be made if required. Additionally, once it is increased to 40mg twice daily, it can be switched to a slow release version (Propranolol MR) at 80mg daily, and increased to 160mg daily (Propranolol MR) if needed.

What are the side effects?

All medications have potential side effects in a small number of people, and side effects can reduce with time. More common side effects include – fatigue, light headedness (due to a reduction in blood pressure), and coldness of the hands and feet. Occasionally people may experience nightmares.

You should NOT take Propranolol if you have:

- Asthma
- Bronchitis
- Peripheral Vascular Disease

Pregnancy and Breastfeeding

Propranolol can affect a developing foetus, and should only be used if the benefits outweigh the potential risks. Always discuss this with your prescribing doctor before starting treatment. The levels of Propranolol in breast milk are low; however infants will need to be monitored as there is the possibility of toxicity.

Disclaimer: This Patient Information Leaflet is intended to provide a brief overview of this medication. It is <u>not</u> a substitute for the comprehensive 'product information' leaflet found inside all boxes of medication. The 'product information' leaflet MUST always be read before starting the medication. Your prescribing doctor will discuss the risks and benefits of the medication and they will decide on its suitability.

Author: Dr Benjamin Shaw | Consultant Audiovestibular Physician | TheDizzySpecialist.com Last update: December 2024