

# Migraine Tip of the Month

## Know Thy Therapy

A remarkable number of migraine patients never take the medications that are prescribed for them, and many of those who do take the leap and try those medications do so without any clear understanding of what side effects they may cause.

The *triptans* serve as an excellent example. The first “designer drugs” for migraine, medications developed specifically to treat acute migraine, the triptans are widely prescribed and yet not well understood by those migraineurs who use them.

The first of the triptans to become available for general clinical use was subcutaneously injected sumatriptan (Imitrex), initially released in the United States in 1992. For a huge number of migraineurs, injectable sumatriptan has served as a near-miraculous alternative to the misery of either a trip to the emergency room or prolonged suffering at home. It remains the most effective—and consistently effective—self-administered

medication for rescue from migraine headache of severe intensity, and it is particularly helpful for patients with acute migraine headache who are unable to utilize oral medication because of nausea and vomiting.

All of the triptans have the potential for producing an array of side effects that may be annoying or even terrifying. Common side effects that may be misinterpreted as being clinically significant and indicative of something having gone seriously wrong include chest pressure, a sensation of neck “squeezing” and a related sensation of “throat closing”. The likelihood of those side effects occurring and their prominence are a function of how quickly the given triptan reaches its peak blood concentration, how high that peak concentration is and how long the migraine attack has been developing biologically and clinically. Waiting to administer injectable sumatriptan (with its rapid rise to a peak blood level higher than that achieved by the oral and intranasal

triptans) well after the headache has become moderate to severe in intensity will only maximize triptan side effects.

Vast experience with the triptans strongly suggests that this class of medications is extremely safe and that the chest, neck and throat symptoms the medications commonly provoke are clinically benign and not indicative of impending heart attack or an allergic anaphylactic reaction. Even so, the patient unaware of the benign nature of these side effects understandably may react to their occurrence by making an unnecessary and often expensive trip to an emergency room or, at the least, avoiding triptan use in the future.

Another migraine medication that commonly causes side effects leading to discontinuation of its use is topiramate. Initially marketed under the brand name Topamax, its generic equivalent, topiramate in an “immediate release” (IR) formulation, is the medication most commonly prescribed in the United States for migraine prevention. Nearly 1/3 of migraine patients taking topiramate IR will experience intermittent “numbness and tingling” over various parts of the body during the initial weeks of therapy, and concerned by these sensory symptoms many will discontinue treatment. While topiramate has other side effects that definitely can be problematic, the sensory symptoms are not only benign but most often will vanish with continued treatment.

When you are prescribed a new medication for migraine, be it for treatment of acute migraine or for migraine prevention, make certain you understand how and when that medication is to be administered, what side effects that medication most commonly may produce and what implication those side effects have for continued use of the medication. Know thy therapy. **17**

