

Doctor on Call

First Migraine Prescription



Susan B from Las Cruces, New Mexico writes:

I recently had a terrible experience trying my first prescription medication for migraine. Although I have had migraine since childhood, not until recently did I decide to go see a doctor for help and try something besides my usual recipe of Excedrin and lying down in a dark room.

He gave me a prescription for sumatriptan pills and told me to take one if I had a bad headache. The following weekend I woke up on Sunday morning with a splitting headache and took one of the pills. Not only did it make my headache worse, it felt like someone was sitting on my chest, and

my throat began to close up. It seemed like I was having a heart attack, and an anaphylactic reaction at the same time!

I went to the ER, and they wound up admitting me overnight for observation. I just received the bill for my treatment, which consisted of a lot of tests (all negative), some Tylenol for my headache(!), a sleepless night lying in an uncomfortable bed, and an inedible breakfast, and it is for over \$11,000!!! My insurance will cover only a portion, and I have to pay almost \$7000 out-of-pocket. Horrible!

The Doctor's Reply:

First, Ms. B, I am very sorry to learn of your dismal (and expensive) experience. What

adds salt to this wound is the fact that this all might have been avoided if you were adequately informed as to optimal use of sumatriptan and that medication's potential side effects.

Sumatriptan was the first of a family of "designer drugs" for migraine that we know collectively as the triptans; the other family members include zolmitriptan, rizatriptan, almotriptan, naratriptan, frovatriptan and eletriptan. While all of these medications appear to be exceedingly safe, all have the potential for causing side effects that patients understandably may find alarming: chest pressure, palpitations, neck squeezing, jaw tightness, tingling in the face or extremities and even intensification of headache. Those side effects may be minimized or avoided by administering the triptan tablet relatively early in a migraine attack and taken in this matter the oral triptans also tend to be more effective than they are when administered after the headache has persisted longer and is more severe.

Ideally, when prescribing a new medication your health care provider will advise the patient of that treatment's more common potential side effects, and that, say, the chest pressure experienced with sumatriptan is a common and almost invariably benign occurrence that does not indicate any abnormality involving the heart. Or, to use another common example, the patient should know that the uncharacteristic difficulty with memory, concentration, and word-finding one frequently experiences after beginning topiramate (Topamax, Trokendi, Qudexy, and others) for migraine prevention is a side effect of that medication and not an indication of early Alzheimer's.

If your provider does not discuss the more common features of a new medication with you, take the initiative and educate yourself about that medication before you first administer it. There are numerous reputable websites that will assist you, and the combination of drugs.com, WebMD, and MedlinePlus is a good place to start. **M**