

# Headache

(and Selected Psychological Topics) 2006-2007

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Web Site: [www.headachedrugs.com](http://www.headachedrugs.com) (educational site on headache and psychological topics)  
(over 600 headache articles)



## About Dr. Robbins

Dr. Robbins is an Assistant Professor of Neurology at Rush Medical College. He has certificates in pain management and psychopharmacology. He has published two headache books, one for physicians and one for patients, each out in the second edition. Both were bestsellers in their field. Dr. Robbins has authored 147 articles and abstracts, and has worked at his headache clinic in Northbrook since 1986.

## First Line Migraine Abortive Medications

### **Triptans: Treat early in the migraine for better efficacy.**

1. Sumatriptan (Imitrex): The usual oral dose is one 50 mg. or 100 mg. tablet, q 2-3 hours, 200 mg per day at most. The SQ (4 or 6 mg.) Imitrex is the most effective migraine abortive for more severe, faster onset migraines. The addition of an nsaid to a triptan may enhance efficacy, and prevent headache recurrence. Also available as a nasal spray. Over 50 million people have had Imitrex, and it has been utilized for 16 years. It is highly effective.
2. Maxalt: Very similar to Imitrex. Maxalt is very effective for migraine. The usual dose is one 10 mg. tablet, or the 10 mg. Maxalt MLT rapidly disintegrating tablets, which are placed on the tongue. These rapidly disintegrating tablets have a pleasant taste. Side effects are similar to those of Imitrex. Maxalt is very well tolerated. Certain patients tolerate one of these triptans better than another and it is worthwhile to try several in an individual patient. While some patients utilize the 5 mg. tablet, 10 mg. is well tolerated and more effective. The MLT form may be taken without water, which is an advantage.
3. Relpax is an effective and well-tolerated triptan. It is available in 20 and 40 mg. strengths. The side effects have, in general, been found to be fairly minimal. These include possible nausea, pressure in the throat, dizziness and tiredness or weakness. Although chest pressure/pain/tightness may occur with Relpax, these symptoms have not been seen very often (only 1 to 2% of patients). In long-term studies, only 8.3% of patients discontinued the Relpax due to side effects. There have been excellent cardiac safety studies. Avoid with 3A4 inhibitors.
4. Zomig: Zomig, 2.5 mg. or 5 mg., is another very effective abortive. The usual dose is 5 mg. every three to four hours, as needed, two per day at most. Zomig ZMT, 5 mg., is a pleasant tasting dissolvable tablet. Like Maxalt MLT, it provides an alternative to the oral tablets. Zomig has the same general tolerability and efficacy profile as the others. Again, if patients do not tolerate one triptan, it is often worthwhile to try another because they may be able to tolerate another version. Zomig nasal spray is fast-acting and very effective.
5. Amerge: The usual dose is 2.5 mg. every three to four hours as needed, two or three in a day at most. Amerge is a "kinder, gentler, smoother" triptan. Amerge may take longer to work, up to two hours, but has a long half-life. With a half or one tablet of Amerge, most patients will not have more than minimal side effects. It is better tolerated than most other triptans, but somewhat less effective than Imitrex. Amerge is good for long lasting headaches or headaches of slow, rambling onset. Amerge can also be used as a preventive medication for menstrual migraine. If triptans are used as preventive medications, Amerge may be a good choice.



6. Frova is well tolerated. The long (26 hours) half-life is advantageous for those with prolonged migraines. Mean maximal blood concentrations are seen approximately 2 to 4 hours after a dose of Frova. Frova has been particularly useful for those with slower-onset moderate or moderate to severe migraines. Frova is available in 2.5 mg tablets. Frova has been effective for preventing menstrual migraines
7. Axert: Very similar to the other triptans, effective for migraine headache. The usual dose is one 12.5 mg. tablet, every 3 to 4 hours, 2 per day only. Side effects are similar to those of the other triptans; Axert is very well tolerated. Axert is able to combine good efficacy with excellent tolerability.

### **Non-Triptan First Line Abortives**

1. Migranal Nasal Spray: Migranal Nasal Spray is dihydroergotamine (DHE). This has been available since 1945 in one form or another with remarkably few serious side effects in all of that time. The usual dose is one spray in each nostril and you can repeat it, and often do need to repeat it, in 15 or 20 minutes. That would be the maximum for the day, which is two sprays in each nostril. Migranal is relatively well tolerated. As with the triptans, tightness in muscles, a flushing feeling, or slight chest heaviness can occur. Nasal stuffiness is relatively common with Migranal. Since DHE is primarily a vasoconstrictor and is only a mild arterial constrictor, Migranal may be safer in the population with risk factors for cardiac disease. Migranal may also be useful for menstrual migraines, as it has a fairly long duration of action. Not quite as effective as triptans. The newer spray bottle is easy to use.
2. Excedrin (Excedrin Migraine): Useful as an over-the-counter preparation with 250 mg. aspirin, 65 mg. caffeine, and 250 mg. acetaminophen. Anxiety from the caffeine or nausea from the aspirin is common. One or two tablets every 3 hours as needed are effective for many patients with mild or moderate migraines. Tension Excedrin is also available, but is less effective. This contains acetaminophen plus caffeine. Rebound may occur with overuse; 4 per day (and not on a daily basis) should be the maximum.
3. Naproxen (Anaprox, Naprelan, Aleve): Useful in younger patients, occasionally helpful for menstrual migraine. Naprelan is an outstanding long-acting form of Naproxen, available in 375 mg. and 500 mg. Nonsedating, but very frequent GI upset. The usual dose is 500 mg. with food or Tums to start, then may repeat in one hour (if no severe nausea), and then in 3 or 4 hours. Three per day at most. OTC as Aleve, 220 mg., and generic is available. Adding caffeine increases efficacy. Naproxen may be used at the same time as a triptan.

*This guide is the author's opinion; medications must be individualized and used only in conjunction with your physician. Side effects, as listed in the PDR, must be accepted and understood. Many of the medications listed do not have an official FDA indication for the condition discussed. This guide is not a prescription, and does not represent "standard consensus" treatment. It may not be copied; copyright pending.*



4. Ibuprofen: Over-the-counter, and approved for children. Liquid Advil is available. Occasionally useful in menstrual migraine. GI side effects are common. The usual dose is 400 to 800 mg., every three hours, limiting the total dose to 2,400 mg. per day. Combining with caffeine may be helpful. The short half-life is a drawback. May be used with triptans, even at the same time.
  5. Midrin and Migra Ten: Generic Midrin is often the only form available. Effective, safe and used in children. Fatigue is common. Contains a vasoconstrictor, a nonaddicting sedative, and acetaminophen. Usual dose is one or two caps to start, then one every hour as needed, five or six per day at most. May be combined with caffeine for increased efficacy. Generally well tolerated. After many years, remains an outstanding abortive, but not as effective as triptans. MigraTen is similar to Midrin, with acetaminophen and the vasoconstrictor, plus 100mg of caffeine. One every 3 to 4 hours as needed, 4 in a day at most. MigraTen is an excellent form of this medicine.
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