

DO TRIPTANS HAVE TO BE GIVEN EARLY IN THE ATTACK WHEN THE HEADACHE IS MILD?

NO

W. Kozubski

Department of Neurology, University of Medical Science in Poznan, Poznan, Poland

wkozubski@ump.edu.pl

It has been long-lasting debate whether specific drugs (i.e. triptans, ergotamine derivatives) should be used in abortive treatment mild headache attacks.

A bulk of evidence is now available to advocate the institution of acetaminophen, prostaglandin inhibitors, like ASA and other nonsteroidal anti-inflammatory agents (NSAIDs) in the early treatment of mild migraine attacks.

In more than 20 controlled studies these nonspecific medications – e.g. ASA, naproxen sodium, ketoprofen, ibuprofen, diclofenac sodium, metamizol, piroprofen, flurbiprofen - proved their efficacy in mild attacks with acceptable side-effects, concerning mostly GI system and prolonged bleeding.

In head-to-head studies with triptans NSAIDs (i.e. ASA with metoclopramide, tolfenamic acid, ketoprofen) showed nonspecific medications equally effective against pain in migraine attacks however less active in fighting additional symptoms and signs, i.e. nausea, vomits, photo- and phonophobia.

Nonspecific drugs are relatively cheap, easily accessible (without prescription) and usually simply administrated.

However, combination of simple analgesic with caffeine and butabarbital should be avoided in abortive migraine treatment, irrespective of attack severity because of real risk of rebound headache and migraine evolution into its chronic form.