

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

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There are clinical and physiological rationales for early use of oral triptans during a migraine attack. It is a well-established clinical practice to treat a disease as early as possible for better results. In the case of a migraine attack, as the attack progresses, the pain becomes moderate or severe and the patients develop nausea, vomiting and other associated symptoms. As a result of nausea and vomiting, they may not retain oral medications.

Physiological reasons for early treatment include:

1. Presence of gastroparesis as the attack progresses. Gastroparesis reduces the absorption of medications from the GI tract.
2. Development of central sensitization of the trigeminal nociceptive systems resulting in allodynia of the scalp as well as the extra trigeminal areas. It has been shown that once central sensitization occurs, response to oral triptans is not adequate.

There are a number of studies with oral triptans such as sumatriptan, rizatriptan and almotriptan showing clearly that early administration of these medications, when the pain is still mild, gives significantly more efficacy than when administered late in the attack.

Early treatment results in:

1. Early pain-free.
2. Ability to return to full functioning early.
3. Reduce disability.
4. Less recurrence of headache.
5. Less need for multiple doses.
6. Less chance for triptan overuse.