

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

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There is compelling evidence supporting intervention early in the pain phase of migraine with migraine-specific medications. Pain-free response is significantly higher; furthermore, migraineurs who progress to the late headache phase often end up in hospital emergency departments or acute care centers. These patients present a considerable cost burden. Over years of migraine attacks, early intervention may also ease the substantial burden of disability, with fewer missed days of school and work and fewer trips to emergency departments. It may mean a patient performs better at work and isn't exposed to barbiturate or opiate rescue medications. It is postulated that visual perception and reaction times may be more impaired the later the migraine is treated. During a single attack, early intervention can save hours of unnecessary pain. Over a lifetime, it can have a cumulative and very important benefit on a patient's quality of life.