

Title: Is it ever "too late" to treat my migraine?

Author:Rhamy Magid

Date:June 17, 2009

Key words: migraine, triptan, acute attack, delayed treatment

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This document was created by a medical student enrolled in the Primary Care Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

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Is it ever “too late” to treat my migraine?

How do I know if my headaches are migraines?

Migraine is defined as having five or more attacks of headache lasting 4-72h with nausea/vomiting and/or light/noise sensitivity and two or more of the following features:

- * It's only on one side of your head
- * It throbs
- * It's moderately-to-severely intense
- * It interferes with your normal life
- * It's aggravated by routine physical activity

If you have visual changes, like zigzag lines or blind spots, with onset over 5-20 minutes and lasting less than 60 minutes, **with or without** headaches afterward, that may also indicate that you have migraines.



What can I do to treat an attack?

A class of oral drugs called **Triptans** is the first-line therapy.

After they came on the market earlier this decade, it was first thought that they should be taken only after a headache became somewhat severe. However, further early studies showed better pain relief when taken early in headache onset. This has led to a general sense these days that, “If I miss my chance to cut the headache off early, the triptans might not do me any good later.”

So...what if I missed my chance to cut off this migraine attack early?

You can try taking the oral triptans late in the attack. This is effective in some patients.

Another option is to try subcutaneous triptans (i.e. a small injection under the skin). Further studies are necessary, but there is some weak evidence that patients who took subcutaneous triptans late in their attacks achieved total relief from pain in about the same amount of time as when they took them early in the attack.

Don't go without treatment! You do have options!



More information can be found at:

- The National Library of Medicine (<http://www.nlm.nih.gov/medlineplus/migraine.html>)
- The National Headache Foundation (<http://www.headaches.org/>)

References

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- ◆ Linde M, et al. Subcutaneous sumatriptan provides symptomatic relief at any pain intensity or time during the migraine attack. *Cephalgia*. 2005. 26:113-21.
- ◆ Ferrari M, et al. Oral triptans (serotonin 5-HT agonists) in acute migraine treatment: a meta-analysis of 53 trials. *The Lancet*. 2001. 358(9294):1668-75.
- ◆ First Consult (www.mdconsult.com)
- ◆ National Library of Medicine (<http://www.nlm.nih.gov/medlineplus/migraine.html>)

Images:

- ◆ <http://www.blackwomenshealth.org/atf/cf/%7B0476F7B2-7EA9-4F30-8C97-DFE275C0CE5B%7D/Migraines.jpg>
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