Serotonin inhibitors, antihistamines, antidepressants, beta blockers —they're all in the new wave of 'headache remedies.'

text&test

Migraine...and more

Treatment and prevention

Headache sufferers are a desperate breed. Worn and confounded by their pain, they will ask for "something, anything" to relieve it. Happily, these days there are more remedies to offer them. Even for migraine, where the venerable ergot derivatives have stood almost alone, there are new possibilities.

CUTLER: The most important thing is to identify the source of the headache. For some reason, both patients and physicians tend to think first of organic disease when they're looking for the cause of recurring headaches. As the sinuses, teeth, and eyes are commonly implicated, many patients wander in vain from one specialist to another seeking a cure. Headaches with an organic basis generally have easily identifiable signs and symptoms, and physicians can usually rule out hypertension, brain tumor, aneurysms, and meningitis by clinical observation, plus tests and x-ray films, when indicated.

In fact, the vast majority of headaches are functional and not associated with organic brain disease. (The use of the term "functional," however, doesn't negate the possibility of some neurochemical basis.) These headaches fall into four categories: migraine, cluster, tension, and toxic vascular. Dr. Fuller, would you agree?

FULLER: I don't think we should try to make a hard and fast clinical distinction between patients with organic headaches and those with functional ones. Most patients are affected both by somatic factors—tension in the muscles, vascular problems—and emotional factors. But regardless of the degree to which the psychological factors outweigh the somatic, all headache patients suffer real discomfort; their problems are not imaginary.

Migraine

CUTLER: Let's take the case of a 42-year-old woman who's had recurrent, severe, throbbing headaches for many years. They occur on one side of her head or the other, most often in times of stress. They're associated with nausea and vomiting, and preceded by flashing lights and diminished vision on the side opposite the headache. They last for 6 to 12 hours. As a child, she was often carsick. And her mother used to have similar headaches. What's the diagnosis, and what therapy would you prescribe.

ALDREDGE: That's a classic history of migraine vascular headache ("Migraine's three phases," p 49). For

Round table at the University of Texas Health Science Center at San Antonio

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