Migraine...and more

acute treatment of vascular headaches, the most valuable drugs are generally the vasoconstrictors. They're most helpful early in the vasoconstrictive phase during the aura, but less helpful in the vasodilatation phase, when the full-blown headache has set in.

The most useful vasoconstrictor is ergotamine tartrate, which is available in parenteral form and oral tablets (Gynergen), in sublingual tablets (Ergomar), and in aerosol form (Medihaler-Ergotamine). The intramuscular or subcutaneous dose is 0.5 to 1 cc at onset of attack, repeated in 40 minutes, if necessary; maximum weekly dose is 2 cc. The average oral dose is two to six 1-mg tablets per attack, while the sublingual schedule is one 2-mg tablet at the first sign of attack or as soon as possible after full onset, then one tablet at half-hour intervals, if necessary, not to exceed three tablets in 24 hours nor 10 mg a week. The injectable form is used most often and seems preferable to me—oral therapy may be ineffective because of the nausea and vomiting that generally accompany the headache.

When combined with caffeine, ergotamine is marketed as Cafergot, in oral tablet and suppository forms. Dosage for oral Cafergot is two tablets at onset of the syndrome, followed by one tablet every half hour thereafter up to a total of six per attack. No more than 10 tablets should be taken weekly. If oral medication is impractical, the patient can take one Cafergot suppository (2 mg ergotamine, 100 mg caffeine) at the start of the attack and a second an hour later, if needed. Maximum is four to five per week.

Still another ergotamine preparation is Migral. Migral tablets contain 1 mg ergotamine, 25 mg cyclizine HCl, and 50 mg caffeine. Cyclizine is an antihistamine of the piperazine class and is noted for its antinauseant and antiemetic effects. It's most effective when given in the prodromal phase; the usual dose is one tablet.

For patients who have some intolerance for ergotamine, there's a closely related preparation, dihydroergotamine mesylate (D.H.E. 45), which is usually given IM in doses up to 2 or 3 cc per attack.

Another useful agent for treating acute headache when ergotamine is inadvisable is the synthetic antispasmodic isometheptene.* Single-drug products include Octin, available as isometheptene mucate oral tablets and isometheptene HCl for IM administration. Dosage is one tablet three or four times a day; or 1 ml (100 mg) IM, repeated once in four to six hours. Midrin, a product containing isometheptene mucate, dichloralphenazone, and acetaminophen, is supplied in oral capsules; two capsules are taken at the onset of an attack, followed by one every hour up to an additional three capsules, with a weekly maximum of 20 capsules.†

In frequent, severe migraine, prophylactic treatment has to be considered. The patient's tolerance for the attacks should guide you in deciding on preventive therapy. The most valuable preparation is methysergide maleate (Sansert); dosage is one 2-mg tablet with each meal, up to four daily. It may require two or three weeks for methysergide to take effect. It works by blocking the effect of serotonin, a substance which may be involved in the mechanism of vascular headache. Cyproheptadine HCl (Periactin), an antihistamine with mild to moderate antiserotonin activity, has also been used prophylactically, but may be only slightly more effective than a placebo.‡

In addition, Bellergal, a combination of ergotamine, belladonna alkaloids, and phenobarbital sodium, has been used for prophylactic administration, but I've not found it very effective for long-term use (preparations containing ergotamine are probably ill-advised for preventive or long-term use). To be fair, I must mention that many physicians have used it for years in the prevention of both migraine and cluster headaches. Pizotyline, which is closely related to cyproheptadine and is also known as pizotifen or BC-105, is a relatively new preparation sold as Sandomigran. It has had widespread trials in other countries. Propranolol HCl (Inderal) has been reported effective pro-

Learning objectives

- How to recognize the four basic types of headache
- Causes of each headache type
- How to treat and prevent migraine headache
- How to treat cluster headaches
- Use and limitations of psychotherapeutic aids
- Role of food, drugs, and mood

*Use for this indication has not been approved by the FDA.

†The manufacturer's suggested dosage limit is five capsules within a 12-hour period.

‡Use for this medication has not been approved by the FDA.