gitis are actually organic in origin.

CUTLER: Do you ever have difficulty with rebound headache phenomena following vasoconstriction?

SILLER: Rebound usually occurs in patients taking ergot every day to avoid a migraine headache, or taking more ergot than they should. After the vasoconstricting drug is removed, rebound occurs, and patients may have the most devastating headache of their lives. □

SUGGESTED READING • Diamond S, Baltes BJ, Levine HW: A review of the pharmacology of drugs used in therapy of migraine. Headache 12:37, 1972 • Dalessio DJ: Dietary migraine. Am Fam Physician 6:61, 1972 • Reul CG: Diagnosis and management of common headache problems. Mod Treat 8:231, 1971.

CME Exam

This program is acceptable by the American Medical Association for one hour in Category 1 toward a Physician's Recognition Award. Familiarize yourself with the text, then take this test. Fill out the answer sheet (p 60) and mail it in with $5 to cover administrative cost, computer time, and the expense of mailing back the answers. You'll get a complete set of answers, notification of your grade and credit, and a printout of questions missed. Test answers will not be printed in CURRENT PRESCRIBING, *so please save the entire Text & Test section for reference.*

ONE: A 48-year-old executive suffers typical migraine headaches every two to three months. Your first treatment should be:

A Tranquilizers
B Antidepressants
C Ergotamine tartrate or dihydroergotamine by injection when he gets the first indication of an attack
D Meperidine HCl injection prn and instructions to go to bed
E Ergotamine tartrate and caffeine tablets, four at once, then one tablet every half hour until ten are taken

TWO: The same patient, who got good symptomatic relief from your treatment, returns two years later because his headaches have increased in frequency. They now come once or twice a month. A careful history rules out underlying depression, organic disease, and relation to specific foods. You would now:

A Continue the same management because it's effective
B Start methysergide, 2 mg tid
C Start propranolol, 20 mg qid
D Give a tricyclic antidepressant even though there's no clear-cut evidence of depression
E Prescribe Bellergal tid

THREE: Your patient is now 56 and president of his company. He's on preventive therapy, but still gets two or three attacks per year. During a recent physical exam, he complained of chest pain and intermittent leg pains and appropriate studies confirmed angina and claudication. For his headache attacks, you

A Continue the same management
B Cut the dose in half
C Change to oral isometheptene
D Give meperidine by injection and send him to bed
E Start psychotherapy

FOUR: You see a 42-year-old man with typical cluster headaches: During each two- to three-week cycle he awakes nightly with an excruciating headache. Last night he had his first headache this year. Your advice is:

A Take a sleeping capsule each night
B Start histamine desensitization
C Take dihydroergotamine at the onset of each attack
D Take two ergotamine tartrate and caffeine tablets an hour before the predicted onset of the headache
E Drink two ounces of alcohol at bedtime

FIVE: A 65-year-old woman complains of almost constant headaches. They feel like a tight band, are partly relieved by aspirin, but seem unrelated to anything she does or eats. Appropriate examinations rule out an intracranial organic disease. She doesn't seem to be anxious, but she's depressed and is tired. If she has no organic disease, the treatment of choice is probably:

A Diazepam, 2 to 5 mg tid
B Amitriptyline, 25 mg tid
C Aspirin 0.6 gm qid
D Imipramine, 25 mg tid
E Either B or D

SIX: Concerning birth control pills and their relation to headache, which of the following statements is false?

A Patients with headaches shouldn't take the Pill
B Patients who develop headaches after starting the Pill should stop oral contraceptive therapy
C Patients with headaches that seem to be made worse by the Pill should stop oral contraceptives
D The etiologic relationship between birth control pills and headaches hasn't been definitely established

SEVEN: A 48-year-old man suffers from typical cluster headaches once or twice yearly. The last episode ended a week ago. He would like very much to avoid another series. You advise:

A A series of histamine injections
B Methysergide for prevention
C Nothing
D Avoid coffee, tea, cola drinks

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