

Migraine Without Aura

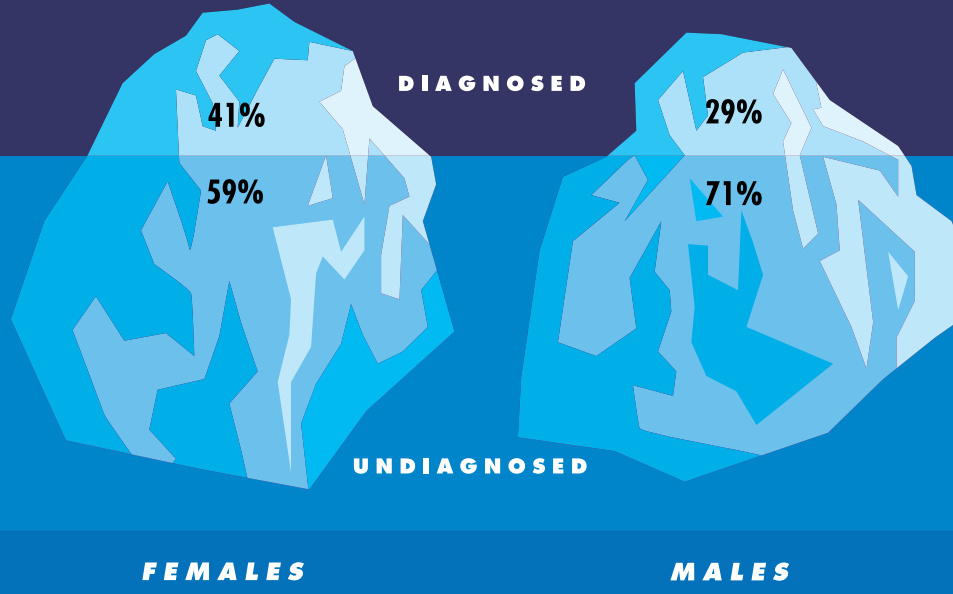


- Headache attacks last 4-72 hours; history of at least 5 such attacks.
- Headache has at least 2 of the following characteristics
 - Unilateral location
 - Pulsating quality
 - Moderate or severe intensity
 - Aggravation by routine physical activity

International Headache Society Diagnostic Criteria. *Cephalalgia* 1988; 8(suppl 7)

The pain of migraine headache has a gradual onset ranging from many minutes to an hour or two. It can last from a few hours to several days. Intensity may wax and wane and is greatly influenced by the subject's activity or posture. Any activity that raises pulse rate, blood pressure or central venous pressure will increase the discomfort level and bring on a pulsatile or throbbing quality momentarily. It is not uncommon for the headache to begin unilaterally and become more generalized after some hours. The attack often terminates with sleep.

Diagnosed migraine: The tip of the iceberg



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- Headache is accompanied by at least 1 of the following:
 - Nausea and/or vomiting
 - Photophobia and phonophobia
- History, physical and neurological exams do not suggest underlying causes such as head trauma, vascular disorders, intracranial neoplasm or infection, etc., or these causes have been ruled out by subsequent investigation.

International Headache Society Diagnostic Criteria. *Cephalgia* 1988; 8(suppl 7)

As indicated in the International Headache Society Diagnostic Criteria, the associated symptoms are important to making the diagnosis. Nausea and vomiting can be as debilitating as the head pain, and patients with prolonged attacks may suffer dehydration. Phonophobia, photophobia and intolerance of being touched are common attack features but are not currently well explained. Some migraineurs may have attacks brought on by complex visual patterns, flashing lights or strong odors.

In terms of frequency, the patient may have attacks from once a year to several times a week. If a chronic daily headache is reported, overuse of prescription and/or over-the-counter analgesics should be suspected.

Migraine Abortive Agents



Ergots

- Acts on 5-HT_{1A}, 1B, 1D, 1F, 2A and 2C receptors, also DA₁ and DA₂
- Relieves headache; can be taken during aura to abort attack
- Vomiting is a side effect of ergotamine (less with DHE)

Triptans

- 5-HT_{1D} and 1B receptor agonists
- Relieves headache & associated symptoms
- May produce “triptan sensations” as side effects, eg, tightness in the chest and jaw

Ergotamine tartrate and dihydroergotamine are the two ergot compounds used for acute treatment of migraine. They are not analgesic and are ineffective for tension-type headache or other pain conditions. Structurally, the ergot drugs resemble the biogenic amines and interact with multiple adrenergic, serotonergic and dopaminergic receptors. They can produce vomiting as a side effect, though this is less a problem with DHE than with ergotamine tartrate.

The triptans include sumatriptan, zolmitriptan, naratriptan and rizatriptan. As selective 5HT_{1B-1D} agonists, the triptans have a much more favorable side effect profile and are effective in relieving associated symptoms as well as the headache itself. Some patients experience headache recurrence within the same attack.

Both the triptans and the ergots are potent vasoconstrictors and are contraindicated for patients with ischemic heart disease or peripheral vascular disease. The so-called “triptan sensations” that include chest tightness or pressure are not associated with EKG changes and are not believed to be of cardiac origin.