

## Therapeutic alternatives.

- **3-c- What changes to her admission drugs r chemical usage should be considered to reduce potential trigger factors for migraine?.**
- 1- B-bloquers - Can decrease the frequency of recurrent vascular headaches.
- 2- Tricyclic antidepressants - Are effective in preventing migraine and tension headache.
- 3- Divalproex Sodium - Can reduce the frequency, severity and duration of the headache
- 4- Methysergide - Is effective in preventing migraine and cluster headache.
- 5- Stop smoking.
- 6- Stop aspartame intake.
- 7- Decrease caffeine intake.
- 8- Discontinue birth control pills and try another birth control method.

## Clinical course.

- Ms. Perez was given metoclopramide 10mg IV due to worsening nausea and an episode of emesis. After she obtained relief of her symptoms, she was sent home and told to continue her NSAID PRN and to take metoclopramide 10mg po 15 to 30 minutes prior to her Aleve at the first sign of a headache or its associated symptoms (e.g., Photophobia, nausea). After four months, recommended lifestyle modifications and a regular exercise program have reduced both the severity and intensity of Ms. Perez's migraine attacks. Lifestyle modifications that Ms. Perez adopted include: (1) She stopped smoking and has now been nicotine-free for six weeks and four days; (2) she quit drinking diet soft drinks and only drinks black coffee during night shifts; (3) with the knowledge of her family physician, she stopped taking PCPs; she has begun utilizing a latex condom and spermicidal foam combination as her method of birth control.

## Clinical course.

- Ms. Perez states, “together, these changes have helped me better cope with life,s little annoyances.”. She has also returned to work, but she is still having moderately severe migraines at the rate of two to three per month. These headaches often require her to either miss work completely or to leave work early despite proper use of her abortive therapy. Ms. Perez states that she is not satisfied with the results of the metoclopramide/NSAID therapy and that she has been thinking about Imitrex therapy. Her mother and cousin have each had it in the past and both reported relief with it. Ms. Perez says, “I really want it, but I don’t liked needles.

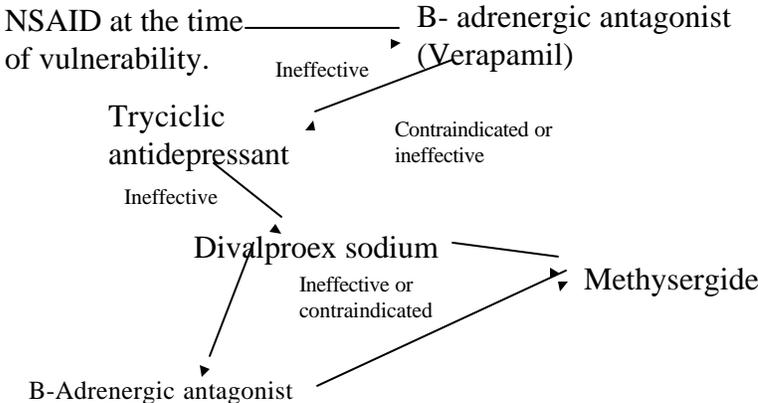
## Optimal Plan.

- **Considering this new information, design a long term pharmacotherapeutic plan for this patient.**
- For acute headache: In view that this patient prefers PO medications instead of IM or SQ administration she can try with oral or intranasal Sumatriptan to help with abortive therapy. Both poor intranasal has the same benefits for the PO, and the same adverse effect, the only thing that changes is the route .
- I will try with sumastatriptan po since it is the most frequent rout of administration.
- Start 25mg at sign of first attack, if no relief in 2hrs, then up to 100mg. If the headache return then take additional dose in intervals of 2hrs up to 300mg.



# Prophylaxis.

Algorithms for prophylactic management of migraine headache.



## Prophylaxis.

- **For this pt.. It is better to use CCB and TCA?.** - Methysergide is contraindicated in this patient since she would like to start sumatriptan therapy. Sumatriptan use is contraindicated if ergot alkaloids have been administered within the past 24 hours because of vasospastic reaction, CCB or TCA would be a good first choice for this patient
- **Assessment parameters: What parameters should be assessed regularly to evaluate your pharmacotherapeutic plan?.** - 1- Incidence and intensity of headache; 2- Side effects of the medications; 3- efficacy of the medication; 4- adverse reactions.

## What information should be provide to the patient regarding the new abortive therapy?.

- The new abortive therapy for this pt. Is Imitrex (Sumatriptan succionate) tablets.
- Imitrex provides rapid relief of migraine headache and generally is well tolerated, when appropriate precautions regarding patient selection are employed. The drug also relieves manifestations of migraine other than headache, including nausea, vomiting, photophobia and photophobia. It also decreases the need for supplement analgesic therapy and improves functional ability.
- **Purpose:** Imitrex tablets are intended to relieve migraine, but not to prevent or reduce the number of attacks. Use of the Imitrex tablets only to that an actual migraine attack.

## Side Effects.

- **Call your health care provider if you have any of these symptoms;** chest pain, fast or irregular chest palpitations, wheezing or trouble breathing; rash or hives, swelling of the face, throat, eyelids or lips.
- **If you have problems with these less serious symptoms talk with your health care provider;** Feeling dizzy, drowsy, or tired; feelings of heat, tingling or numbness; flushing or redness in your face; bad taste in your mouth; muscle pain.
- **Doses:**
- 25mg PO taken with fluids. The maximum single dose is 100mg if a suitable response does not occur within 2hrs, a second dose up to 100mg may be given. If headache returns, additional doses may be taken at 2hrs intervals, not to exceed 300mg per day.

## Side Effects

- Pregnancy risk factor - If you become pregnant or intend to become pregnant notify your physician so that the risk and benefits of the use of the medication during pregnancy can be discussed.
- Sumatriptan succinate PO should be protected from light and stored at 2-30°C.

## **Bibliography.**

- Andreoli, T.E, Bennett, J.C., Carpenter, C.F., Plum, F., Smith, L.H., (1993) **Cecil Essentials of Medicine.** (3rd ed.) Philadelphia. W.B. Saunders company. Pp. 767-771.
- Carey, C.F., Lee, H.H., Woeltje, K.F.(1998) **The Washington Manual of Medical Therapeutics** (29th ed). Philadelphia; Lippincott Williams and Wilkins. Pp. 488-490.
- Mc Cance, K.M., & Huethr, S.E. (1998) **Phathophysiology: the biologic basis for disease in adults and children** (3rd ed.) St. Louis, Missouri: Mosby. Pp. 537-539.
- Sherman, M.S., Schulman, E.S. (1999) **The Pocket Doctor.** Mount Kisco, New York. Educational Communications. Pp 114-115.
- Stein, S.F., Kokko, F.P., (2000) **Comprehensive Board review in Internal Medicine.** New York. Mc. Graw-Hill. Pp 695-698.
- Turkoski, B.B., Lance, B.R, Bonfiglid, M.F., (1999) **Drug Information Handbook for Advanced Practical Nursing.** Lexi-comp Inc. Hudson. Pp. 1145-1148.
- Wells, B., Dipiro, F., Schuringhammer, T., Hamilton, C., (1998) **Pharmacotherapy Handbook.** (2nd. ed.). Stanmford, Connecticut:Appleton& Lange. Pp. 594-603.