Expert Opinion

Daily Triptans for Headache

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Key words: headache, triptans

Abbreviations: CDH chronic daily headache

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Will a triptan a day keep the headache away?

CLINICAL HISTORY

This 47-year-old woman has a history of migraine since aged 4 years. Until 1 year ago, the headaches occurred one to two times per week, lasted all day, resulted in functional incapacity, and were not relieved by over-the-counter medications or nonsteroidal anti-inflammatory drugs. About 10 years ago, she was taking Fiorinal #3 but stopped when she developed rebound headaches. She has been on multiple preventative medications including amitriptyline, β-blockers, paroxetine, fluoxetine, and verapamil which were either not effective or stopped due to side effects.

One year ago, she saw another neurologist and had an MRI scan of the brain with normal findings. She was started on oral sumatriptan, 50 mg, which completely relieved the headaches.

However, the headaches increased in frequency and now occur every day. The headaches are the same as prior to a year ago. She reports a right or left temporal and retro-orbital sharp pressure associated with nausea, and light and noise sensitivity but no aura. The headaches are relieved within an hour after taking oral sumatriptan, which she is taking on a daily basis. Past medical history is negative. Neurologic examination was normal.

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I advised the patient that the increased frequency of the headaches could be rebound due to sumatriptan and that the headaches might decrease by restricting the sumatriptan to no more than 2 days per week and starting another preventative such as sodium valproate. She is concerned about the possible side effects of sodium valproate, which she has read can make you fat and bald. She also stated that the headaches were quite tolerable with the daily sumatriptan and she could not see the difference between taking daily sumatriptan as compared to a preventative which may or may not work and may have significant side effects.

Questions.—Is there evidence to support daily triptan use for migraine? What would you recommend in this case?

EXPERT COMMENTARY

This patient is probably suffering from rebound due to sumatriptan. It is crucial with most patients to limit triptan use to 2 or 3 days per week, at most. Nonsteroidal anti-inflammatory medications can be used as frequent symptomatic treatment although, occasionally, rebound can also result. Preventative medications that may be effective for her include sodium valproate, gabapentin, topiramate, or tizanidine. Initially, several days of intravenous dihydroergotamine, inpatient or in the office, may help to break the daily pattern.[1] A short course of other medications, such as dexamethasone and valproate, might also be worthwhile.

Chronic daily headache (CDH) is a major problem, with approximately 4% of the population expe-

riencing daily or near-daily headache.[2] Preventative medications for CDH are often ineffective. In our study of 540 patients with CDH, only 46% achieved long-term success with any preventative regimen.[3] As this patient noted, many patients do have significant side effects from preventative agents. When the usual preventative medications for severe CDH are ineffective, the medication choices include (among others): daily long-acting opioids,[4] monoamine oxidase inhibitors,[5] stimulants, or daily triptans.[6] A small number of patients with refractory CDH will respond to each of these regimens.

The use of triptans on a daily or near-daily basis is controversial. In our previous study, 59 patients with refractory CDH utilized daily triptans for an average of 1.5 years (range, 6 months to 3 years).[6] The diagnosis in the majority of patients was transformed migraine, or chronic tension-type headache with concurrent migraine. For those with CDH with no migraine or migraine features, daily triptans are usually not effective. These patients had self-discovered that one dose of sumatriptan or naratriptan would render them headache-free for the remainder of the day. The other triptans, such as rizatriptan or zolmitriptan, would also most likely be effective for these patients. Once patients discover that a limited amount of daily triptan use greatly improves their daily headaches and quality of life, it is very difficult to convince them to not utilize the medication in this fashion.

All of the patients had failed at least three preventative medications. None of the patients were felt to be experiencing rebound due to the triptans. If rebound was suspected, the triptan was discontinued. Sixty-nine percent of the patients were concurrently on other daily preventatives (usually antidepressants or sodium valproate).

Doses were usually minimal, with the majority of patients using 50 mg of sumatriptan each day, and a minority on 2.5 mg of naratriptan. Although tolerance was noted in 15 patients (25%), only 4 patients increased the dose. Strategies for combating tolerance included taking a drug holiday from the triptan, or increasing concurrent preventative medication. Side effects were minimal. Naturally, the patients who experienced significant side effects did not continue on the triptan. During this study, and poststudy follow-up, routine blood tests, electrocardiograms, and echocardiograms have not revealed any abnormality attributable to triptans.

In addition to cost, the issue with frequent triptan use is long-term side effects. Cardiac ischemia is the biggest concern. A review of the cardiovascular safety of triptans concluded that cardiac ischemia due to these medications is rare.[7] The chest and throat symptoms are, with very rare exceptions, not of cardiovascular origin. While the triptans do mildly constrict human coronary vessels, it is a short-lived effect. Considering the widespread use of sumatriptan, the number of adverse cardiac events has been very small.[7] Electrocardiograms and echocardiograms have generally been normal after triptan use, even when chest symptoms have been present.[8] Cardiac evaluation, as appropriate depending upon the patient's age, risk factors, and family history, should be considered in patients with frequent triptan use.

While concern about the potential risk of daily triptans is certainly justified, consider also that many patients with CDH are overusing over-the-counter and prescription analgesics.[9] The long-term side effects of analgesic abuse are well known, including gastrointestinal bleeding, renal insufficiency, liver dysfunction, and addiction.

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