IT'S ABOUT PAIN

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MIGRAINES AND PAIN

Did you know that the migraine headache is the second most common cause of disability worldwide? Many patients take opioids for relief of these headaches, but there are new strategies and treatments that are more effective and less risky.

First let's define "Migraine." Migraines are caused by an overreaction of the brain ("hypervigilant") to various stimuli. By definition, they involve Photo- or phono-sensitivity (sensitivity to light or sound), Impairment, and Nausea. If PIN headaches are provoked by exertion of any sort, there's a chance that the cause is an aneurysm (bulging artery) or tumor. In such circumstances, a CT Angiogram is crucial. Aneurysms are cured by clips.

Treatment: History and Options

For years the standard treatment was an ergotamine preparation, but these had many unpleasant side effects. So, injections of Demerol (narcotic) and Phenergan or Vistaril (anti-nausea) were common; they knocked the patient out, and generally when awakening, the headache was gone. But some people got "rebound headaches" after the shot wore off. Eventually Demerol was taken off the market. Another injection treatment was high dose cortisone (dexamethasone). Bad risk/benefit ratio. Shucks!

Then came Triptans, and there are many. Imitrex, Maxalt, Zomig, Relpax, Axert, and others. For some, relief was quick and sustained; for others, it was not. Also, because these medications could suddenly raise the blood pressure, complications could include strokes, heart attacks, or gangrene. Hardly the answer.

So, many patients—in order to work or maintain normal home life—had to take opioids. Among the first, was Fiorinal 3 (butalbital (barbiturate), aspirin, caffeine, and 30 mg of codeine—a weak narcotic). In Fioricet, Tylenol replaced aspirin. These, too, were not universally effective, and carried risk of rebound headaches. So, most people get relief from opioids, but with potentially nasty side effects. Nope, not the answer.

Meanwhile, many different types of *preventions* were tried: adrenaline blockers like propranolol, calcium channel blockers like diltiazem, anticonvulsants like topiramate and carbamazepine, and others. These often only provided mild benefit, but lots of side effects. Sorry, no way, José.

In the past 4 years, very effective, well tolerated, new medicines have entered our armamentarium: carcinoid gene receptor blockers. Brand names include oral Nurtec and Ubrelvy. Additionally, there is preventive oral Qulipta and injected (monthly) Aimovig, Ajovy, and Emgality, and IV (quarterly) Vyepti. However, like all new wonder drugs, they are costly, even with intense marketing competition between the seven options. To garner insurance coverage, we must document failure of three to five options in the above categories. Even then, copays may be intolerable. Yes, finally! But how can we afford it?

For those who wish to avoid mediations, research shows a "nutraceutical" combination of riboflavin 400 mg, CoEnzyme Q10 300-400 mg, and magnesium oxide/citrate 400-600 mg is effective, with or without 3-5 g of melatonin. Better sleep and diet, more exercise, reduced stress (especially if one's headache diary shows a pattern) may also minimize or eliminate migraines without prescriptions. Hooray for supplements and naturals!

See Reverse

Hate pills? A dozen carefully placed injections of Botox can wipe out your migraines for six to eight months.
Botox cures everything?

BOTTOM LINE: New approaches may replace opioids in most cases. Of course, the opioids would need to be tapered gradually.