



Rx Focus

Migraine Headaches

The most common type of vascular headache is migraine. Migraine headaches are usually characterized by severe pain on one or both sides of the head, an upset stomach, and at times disturbed vision.

The two most prevalent types of migraine-caused headache are classic and common. The major difference between the two types is the appearance of neurological symptoms 10 to 30 minutes before a classic migraine attack. These symptoms are called an aura. The person may see flashing lights or zigzag lines, or may temporarily lose vision. Other classic symptoms include speech difficulty, weakness of an arm or leg, tingling of the face or hands, and confusion.

The pain of a classic migraine headache may be described as intense, throbbing, or pounding and is felt in the forehead, temple, ear, jaw, or around the eye. Classic migraine

starts on one side of the head but may eventually spread to the other side. An attack lasts 1 to 2 days.

Common migraine has a greater occurrence in the general population and is not preceded by an aura. Some people experience a variety of vague symptoms beforehand, including mental fuzziness, mood changes, fatigue, and unusual retention of fluids. During the headache phase of a common migraine, a person may have diarrhea and increased urination, as well as nausea and vomiting. Common migraine pain can last 3 or 4 days.

Both classic and common migraine can strike as often as several times a week, or as rarely as once every few years. Both types can occur at any time.

Research scientists are unclear about the precise cause of migraine headaches. However, it appears that a key element is blood flow changes in the brain. People who get migraine headaches appear to have blood vessels that overreact to various triggers. Such triggers include stress and other normal emotions, as well as biological and environmental conditions. Fatigue, glaring or flickering lights, changes in the weather, and certain foods can set off migraine.

Although both males and females seem to be equally affected by migraine, the condition is more common in adult women. Both sexes may develop migraine in infancy, but most often the disorder begins between the ages of 5 and 35.

The relationship between female hormones and migraine is still unclear. Women may have "menstrual migraine" - headaches around the time of their menstrual period - which may disappear during pregnancy. Other women develop migraine for the first time when they are pregnant. Some are first affected after menopause.

The most common methods of preventing and controlling migraine and other vascular headaches are drug therapy, biofeedback training, stress reduction, and elimination of certain foods from the diet. Regular exercise, such as swimming or vigorous walking, can also reduce the frequency and severity of migraines. Applying cold packs to the head during a migraine is also helpful.

There are two ways to approach the treatment of migraine headache with drugs: prevent the attacks, or relieve symptoms after the headache occurs.

October Health Observances

National Liver Awareness Month

Sponsored by American Liver Foundation
www.liverfoundation.org

National Down Syndrome Awareness Month

Sponsored by National Down Syndrome Society
www.ndss.org

National Breast Cancer Awareness Month

Sponsored by National Breast Cancer Awareness Month Board of Sponsors

National Lupus Awareness Month

Sponsored by Lupus Foundation of America, Inc.
www.lupus.org

National Spina Bifida Awareness Month

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www.sbaa.org

To relieve the symptoms people might take aspirin or acetaminophen at the start of an attack. Small amounts of caffeine may be useful if taken in the early stages of migraine. But for most migraine sufferers who get moderate to severe headaches stronger drugs may be necessary to control the pain. Several drugs for the prevention of migraine have been developed in recent years, including serotonin agonists – sumatriptan (Imitrex) is the most commonly used. For optimal benefit, the drug is taken during the early stages of an attack. If a migraine has been in progress for about an hour after the drug is taken, a repeat dose can be given. Another migraine drug is ergotamine tartrate (Ergomar), a vasoconstrictor which helps counteract the painful dilation stage of the headache.

For headaches that occur three or more times a month, preventive treatment is usually recommended. Drugs used to prevent classic and common migraine include methysergide maleate (Sansert), which counteracts blood vessel constriction; propranolol hydrochloride (Inderal), which stops blood vessel dilation; amitriptyline (Elavil), an antidepressant; valproic acid (Depakote), an anticonvulsant; and verapamil (Covera HS), a calcium channel blocker. Antidepressants called MAO inhibitors also prevent migraine.

References:

1. www.nlm.nih.gov/medlineplus
2. www.medinfo.co.uk
3. www.uiuc.edu



Industry Report

Approval of Cymbalta™

The Food and Drug Administration (FDA) announced the approval of Cymbalta (duloxetine hydrochloride) capsules for the management of the pain associated with diabetic peripheral neuropathy. This is the first drug specifically approved for this indication.

Peripheral neuropathy is the most common complication of diabetes mellitus, affecting up to 62% of Americans with diabetes. Diabetic peripheral neuropathy can manifest in a variety of ways but is usually characterized by burning, tingling, and numbing sensations beginning in the feet, and later affecting the legs and/or hands.

The safety and effectiveness of Cymbalta were established in two randomized, controlled studies of approximately 1074 patients. Although the mechanism of action is unknown, patients treated with Cymbalta reported a greater decrease in pain compared to placebo. In these trials, 58 percent of patients treated with Cymbalta reported at least a 30 percent sustained reduction in pain. The most commonly reported side effects were nausea, dry

mouth, constipation, and diarrhea. In some cases, patients experienced dizziness and hot flashes.

Resources: "FDA Approves Drug for Neuropathic Pain Associated With Diabetes" www.fda.gov

Merck Announces Voluntary Worldwide Withdrawal of VIOXX

Merck & Co., Inc. announced a voluntary worldwide withdrawal of VIOXX (rofecoxib), its arthritis and acute pain medication, on September 30, 2004 at 8:15 AM ET. The company's decision, which is effective immediately, is based on new, three-year data from a prospective, randomized, placebo-controlled clinical trial. The trial found an increased relative risk for confirmed cardiovascular events, such as heart attack and stroke, beginning after 18 months of treatment in the patients taking VIOXX compared to those taking placebo.



New Generic Approvals

Levocarnitine

Approved: 09/20/2004

Brand Name Equivalent: Carnitor

Approved Indication: Primary Systemic Carnitine Deficiency

Mesalamine Rectal Suspension

Approved: 09/17/2004

Brand Name Equivalent: Rowasa Rectal Enema

Approved Indication: Mild to Moderate Ulcerative Colitis



CBCA Pharmacy Benefits Management
675 Foxon Road, Suite 204
East Haven CT 06513
Phone: (800) 936-1193
Fax: (203) 468-8416