

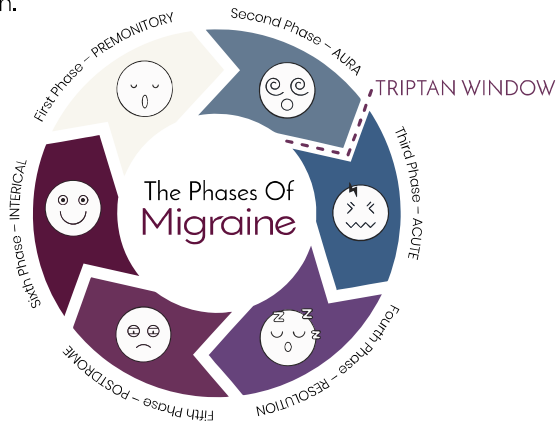
Triptans and Acute Migraine Medications



Acute migraine medications are designed to stop a migraine attack as the attack begins.

Triptans are a class of medications used to treat acute migraine attack – that is, the part of your migraine attack where symptoms are most severe, for many people, the headache part of the attack. Unlike migraine prophylactic or preventive medicines, which are prescribed once or twice daily, every day, to reduce the underlying frequency and intensity of attacks, triptans are taken only when an attack occurs. They can help reduce, and in some cases may even stop, the progress of migraine attack symptoms such as pain and sensitivity to light and sound.

Triptans work by binding to receptors in the brain for the neurotransmitter serotonin to help diminish the swelling of blood vessels and reduce inflammation, which helps stop the migraine attack. Triptans may also constrict vessels directly by acting on the muscle around blood vessels. Further, triptans may inhibit pain-causing signals within the brainstem and upper cervical (neck) spinal column.



What is the best way to use triptans?

Triptans work best when taken right at the beginning of the acute phase of the attack, or before the headache starts (if you get a headache). If you use your triptan more than 1 hour after the onset of headache, the research suggests it will not work as well, and may not work at all. Ideally, you should:

- Take one dose just as the acute attack (headache or other most bothersome symptoms) starts
- If the attack goes away but comes back after two hours, you can take another dose
- DO NOT take more than 2-3 doses in 24 hours (rizatriptan and sumatriptan are 3 times a day dosing if needed)
- DO NOT keep taking more doses as the attack progresses, if earlier doses do not relieve the symptoms
- DO NOT take triptans on more than 10 days per month as it is a risk for Medication Overuse Headache

Remember, triptans are not painkillers. They will not work for a headache that is not a migraine and will not work for other kinds of pain. Taking more if it doesn't work, as you might with painkillers, will not work.

Triptans are not pain relief. Triptans are specifically for migraine attack relief and should only be taken as directed.

There is limited data about the use of triptans in pregnancy, so they are not recommended first line. Sumatriptan may be safe for occasional use during pregnancy – speak to your neurologist for more information

What acute medications are available and how do I get them?

There are five triptans currently available in Australia, available as a tablet, wafer, or injection. All five are available on the PBS, but not all preparations are covered by the PBS – that is, you might get the tablet affordably but not the injection. They are:

- Sumatriptan (Imigran)
- Eletriptan (Relpax)
- Zolmitriptan (Zomig)
- Naratriptan (Naramig)
- Rizatriptan (Maxalt)

Discuss with your doctor which triptan may be best for you but note that you may have to try several and find which one works best.

Triptans are not suitable for everyone. If you have a heart condition or other disease related to circulation, a liver condition, or have had a stroke, triptans are generally not recommended for you. They are also not recommended for people with a history of Hemiplegic or Brainstem Migraine, but this may be weighed up by your specialist to suit your individual risk profile. If you are elderly or on any kind of anti-depressant, you should discuss with your doctor or pharmacist if triptans will clash with your current medication.

Eletriptan, rizatriptan, sumatriptan and zolmitriptan, are available in small packets over the counter at your pharmacy without a prescription. A new acute medication that targets CGRP, called Nurtec, is available on a private prescription from your GP. This medication is quite expensive but is worth trying if you have not had much success with triptans. There are other forms of acute medication. An old group of medication known as ergotamines are not currently available in a packaged product, but you may be able to get it from a compounding pharmacy. It is important that triptans and ergotamines are NOT taken within 24 hours of each other due to risk of serious side effects. Please make sure your doctor knows if you have both medications.

New medications called Gepants are expected to become available in the coming years. These target the CGRP receptors like the new preventive medications such as Emgality and Ajovy do but are taken at the time of an attack like a triptan, instead of as a regular monthly preventive treatment. Another new drug class is called Ditans, they are like a triptan but safe for people with heart conditions. Ditans will also become available in the coming years.



This fact sheet was clinically reviewed by Dr Lakshini Gunasekera (BBMed, MD, FRACP)