



Triptans for the treatment of acute migraine

Introduction

The aim of this leaflet is to provide a brief overview on the use of triptan for the acute treatment of migraine. It is not intended as a substitute for the 'patient information' leaflet supplied with the tablets, which provides more a comprehensive overview and should always be read before taking medication.

Other useful sources of information include:

- <https://www.medicines.org.uk/emc/>
- <https://www.nhs.uk/medicines/>

It is important to ensure that any new medication does not cause a significant interaction with any others that may be taken

7 triptans are generally available (Almotriptan, Eletriptan, Frovatriptan, Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan). Each of them works on the same pathway, but different individuals may find one particular triptan suits them best.

When should I take a triptan?

Triptans are used to treat the headache pain of an acute migraine attack.

Triptans are most effective when taken early in the headache phase of the attack

Triptans are less likely to be effective at treating the headache if taken during the preceding aura



What should I do if a particular triptan tablet doesn't work for my acute migraine headache?

A lack of response to one triptan type does not predict response to other triptans.

If a particular triptan type does not produce relief within 2 hours, then it is probably not effective.

Considering an alternative acute treatment or combination treatment would be reasonable.

The combination of triptan and a non-steroidal anti-inflammatory drug (NSAID)- e.g. aspirin, diclofenac, ibuprofen, ketoprofen, naproxen – is more effective than taking either of these medicine types separately.

After 2 treatment failures with a particular triptan, a trial with an alternative triptan is recommended for the next migraine headache.

How many triptans can I take in a week?

All acute treatments are associated with the development of medication overuse headache.

Try to avoid taking triptans on more than 2 days per week. Acute treatment on more than 2 days per week is associated with medication overuse, and can also render preventative treatment less effective.

Is there any general advice to help with choosing a triptan?

Sumatriptan 6 mg subcutaneous remains the most rapid and effective treatment for pain relief but has a higher risk of adverse events than other formulations.

In comparison to sumatriptan 100 mg there are some general differences between the triptans:

Fewer side effects: Naratriptan 2.5 mg, Almotriptan 12.5 mg and Frovatriptan 2.5 mg

- **Better pain response at 2 hours:** Eletriptan 80 mg and Rizatriptan 10 mg, Almotriptan 12.5 mg
- **Lower recurrence rate:** Frovatriptan 2.5 mg, and Eletriptan 40 mg.



Pregnancy

In pregnancy the use of sumatriptan does not, at time of writing, appear to be associated with an increased risk of birth defects.

The best use of medicines in pregnancy (BUMPS) website may also be a useful reference. <http://www.medicinesinpregnancy.org/Medicine--pregnancy/>

Contra-indications to triptans?

Contraindications include angina (ischaemic heart disease), stroke (cerebrovascular disease), previous heart attack (myocardial infarction), uncontrolled or severe high blood pressure (hypertension). The cardiovascular risk of triptans is very low in the absence of these contra-indications.

What are the different formulations of triptans?

DRUG	FORMULATION	STRENGTH	SINGLE DOSE	MAX/24 HOURS
ALMOTRIPTAN	TABLET	12.5 mg	12.5 mg	25 mg
ELETRIPTAN ¹⁹²	TABLET	40 mg	40 mg	80 mg
FROVATRIPTAN ¹⁹³	TABLET	2.5 mg	2.5 mg	5 mg
NARATRIPTAN	TABLET	2.5 mg	2.5 mg	5 mg
RIZATRIPTAN	TABLET	5 mg/10 mg	10 mg	20 mg
	ORODISPERS	10 mg	10 mg	20 mg
	LYPOPHILLISATE	10 mg	10 mg	20 mg
SUMATRIPTAN ^{162,194}	TABLET	50 mg/100 mg	50-100 mg	300 mg
	SPRAY	100 mg/ml or 200 mg/ml	10 - 20 mg	
	SUBCUT INJ	6 mg	6 mg	12 mg
ZOLMITRIPTAN	TABLET	2.5 mg/5 mg	5 mg	10 mg
	ORODISPERS	2.5 mg/ 5 mg	5 mg	10 mg
	SPRAY	50 mg/ml	5 mg	10 mg