

# How Effective Is Your Migraine Medication?

## New Survey Reveals Migraine Patients Prescribed Unapproved Medications, Resulting In More Side Effects



(NAPSA)—More than just a “bad headache,” migraines affect nearly 30 million Americans, about 10 percent of the U.S. population, according to the National Headache Foundation (NHF).

There are several options available to treat migraines, but according to a recent survey of hundreds of migraine patients and physicians conducted by the NHF and Harris Interactive, one in five migraine patients is prescribed medication not approved for this disease by the U.S. Food and Drug Administration (FDA). Those taking medications not FDA approved to treat migraine also tend to experience more drug-related side effects than patients on approved treatments.

The survey found that 20 percent of migraine patients are currently taking potentially addictive barbiturate- or opioid-containing medications not approved by the FDA as their primary prescription medication for the relief of migraines.

Physicians responding to the survey said that more of their patients taking opioids or barbiturates experience drug-related side effects (such as drowsiness/sleepiness, fatigue, confusion, forgetfulness and rebound headaches) than their patients taking triptans.

“It’s important for physicians and patients to understand that medications containing opioids or barbiturates have the potential to produce drug dependence and addictive behavior, especially with regular use,” said Richard B. Lipton, M.D., professor and vice chair of neurology at the Albert Einstein College of Medicine in New York City and director of the Montefiore Headache Center. “FDA-approved medications, such as triptans, are specifically targeted to migraine pain and associated symptoms and have a far better safety profile.”

The survey of 502 patients and 201 primary care physicians and neurologists conducted earlier this year found that 53 percent of migraine patients take triptans as the primary prescription medication for their condition, but 20 percent take barbiturates or opioids. Another 27 percent take other medications.

The triptan class of drugs stops migraines after the pain and associated symptoms begin, unlike traditional pain medication, which only temporarily eases the pain. The survey found that patients taking triptans are significantly more likely than those taking barbiturates or opioids to report that their medication works well at

relieving migraine symptoms, with 60 percent of triptan patients reporting that their medication works “extremely” or “very” well at relieving their migraine symptoms completely, compared with 42 percent of patients taking barbiturates and opioids.

“Patients taking medications not approved by the FDA to relieve migraines may not understand the full impact of side effects from those medications on their daily lives or realize there are other medications available to more effectively treat migraines,” said Suzanne Simons, executive director of NHF.

NHF recommends that migraine patients taking prescription drugs to relieve their migraines make note of any side effects they experience from their migraine medication that affect their daily activities. NHF also advises that migraine sufferers keep a headache diary that includes when headaches occurred, how severe the headache was and what medication they took for it, and share this information with their doctor.

For more information on migraine causes and treatments and further results from the survey, visit [www.headaches.org](http://www.headaches.org).



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### Methodology

This survey was conducted online within the United States by Harris Interactive on behalf of the National Headache Foundation between January 16 and 31, 2007, among 502 migraine patients (aged 18 and over), including 244 migraine patients taking triptans as their primary migraine medication, 115 migraine patients taking barbiturates or opioids as their primary migraine medication and 143 migraine patients taking other medications as their primary migraine medication, and 201 physicians, including 101 neurologists and 100 primary care physicians who have practiced in the U.S. for at least two years, have treated two or more migraine patients per month, and have written two or more prescriptions per month for migraine. Physician data were weighted by gender, years in practice and region so as to be representative of physicians in the AMA master file. Patient data were weighted by age, sex, race/ethnicity, education, region and household income where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents’ propensity to be online.

The overall results would have a sampling error of +/- 4.4 percentage points. With a pure probability sample of 201, one could say with a 95 percent probability that the overall results would have a sampling error of +/- 6.9 percentage points. Sampling error for data based on subsamples would be higher and would vary.