

HEADLINES

A PUBLICATION OF THE EAST BAY HEADACHE SUPPORT GROUP
A member of the American Council for Headache Education (ACHE) support group network

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September 11th Meeting:

Talk It Over Night

Dr. Michael Stein, co-founder and medical advisor of the East Bay Headache Support Group, will facilitate a group discussion at the September 11th meeting. Now's your chance to ask questions of a headache specialist without paying a dime.

Along with discussion of topics you bring to the table, Dr. Stein will talk about his current research studies on a medicine to treat migraine in adolescents, a new preventative medicine for migraine in adults, and a unique inhaled medicine to abort migraine headaches. Also, Charles Ware, one of Dr. Stein's patients, will be present to talk about his experiences with treatment of migraine.

Dr. Stein has a private neurology practice in Walnut Creek, and specializes in aiding headache patients to gain control over their symptoms. He is also director of the Neurological Institute of the East Bay which conducts studies of drugs for headache treatment and prevention.

We will meet in the Hanson Room, downstairs at John Muir Medical Center—Walnut Creek Campus, on Tuesday evening, September 11th, from 7:30 to 9:00 p.m. Call Carol at 925-229-5550 for more information.

E-mail Support Group

Can't make the meetings? Want headache support between meetings? Join the East Bay Headache Support Group's new e-mail support group, a great way to share our experiences and knowledge. To join, send an e-mail to Elissa Lawson at elissalawson@yahoo.com with your name and email address.

Save Paper and Stamps

We're finally in the 21st century and able to send out newsletters via e-mail. To sign up, send your e-mail address to Leslie Davis at davisgold@gmail.com.

Pain Patients Bill of Rights

You have the right to:

- Have your pain prevented or controlled adequately
- Have your pain and medication history taken
- Have your pain questions answered
- Know what medication, treatment or anesthesia will be given
- Know the risks, benefits and side effects of treatment
- Know what alternative pain treatments may be available
- Ask for changes in treatments if your pain persists
- Receive compassionate and sympathetic care
- Receive pain medication on a timely basis
- Refuse treatment without prejudice from your physician
- Include your family in decision-making

Found on the Web site of WebMD at
<http://www.webmd.com/pain-management/guide/pain-management-pain-treatment-agreement>

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Future Meetings:

November 13, 2007: Fariba Mizban, holistic health practitioner. Bring a mat for practical practice in hands-on healing.

February 5, 2008: Jeffrey Klingman, MD, will give a presentation on either rebound or head injury headaches.

Richard Sankary, MD, will speak on sleep disorders. Date to be determined: either May 6, September 16 or November 18, 2008.

The intention of the East Bay Headache Support Group is to provide information and resources. It does not provide medical advice, which should be obtained directly from a physician.

Too Few Get Best Migraine Drugs

Friday, May 18, 2007

By Daniel J. DeNoon

Too many patients get potentially addictive, under-effective drugs for migraine—and too few get the most effective migraine drugs, a new survey shows.

The Harris Interactive Online Survey, commissioned by the National Headache Foundation, polled 502 adult migraine patients in the U.S. The survey also polled 201 U.S. doctors who treat migraine headaches, including 101 neurologists and 100 primary care doctors.

Surprisingly, the survey shows that one in five migraine sufferers are taking potentially addictive opioid or barbiturate medications when they get headaches. Just more than half of migraine patients take the newer, preferred class of triptan drugs for their headaches.

“I was surprised that triptans are not being used more than they are, and that so many doctors are prescribing barbiturates and opiates,” Brian M. Grosberg, MD, director of the inpatient headache program at Montefiore Headache Center, Bronx, N.Y., tells WebMD.

The survey shows that too many doctors have as much to learn as their patients when it comes to migraine treatment, says Donald B. Penzien, PhD, director of the head pain center at the University of Mississippi Medical Center.

“Clinical guidelines could not be more clear: Triptans are the first-line treatment for migraine,” Penzien tells WebMD. “If doctors were doing a better job of getting and giving education, more patients would be starting with these drugs.”

FDA Pulls 15 Migraine Drugs Off Market

The new survey showed:

- 60 percent of triptan users, but only 42 percent of opioid/barbiturate users, say their medicine relieves their migraines “extremely well” or “very well.”
- 80 percent of doctors say they are at least somewhat satisfied with the side-effect profiles of triptans. But only 17 percent of doctors say this about opioids, and only 12 percent say this about barbiturates.
- Patients taking opioids and barbiturates for migraine are more likely than those who take triptans to report that migraines “always” limit their daily activities.
- An astonishing 36 percent of migraine patients who take opioids or barbiturates don’t know that these drugs are potentially addictive.

Migraine Treatment—Addictive Drugs Sometimes Needed

Triptan drugs include Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, and Zomig. They are specifically approved by the FDA for the treatment of migraines.

Neither opioids nor barbiturates are FDA-approved treatments for migraine. Opioids include morphine, codeine, and related medications. Drugs that contain opioids include OxyContin, Darvon, and Vicodin. The barbiturates family of drugs includes butalbital (Fiorinal, Fioricet), which has often been prescribed for migraine patients.

Few doctors still prescribe opioids or barbiturates as first-line migraine treatments. But when a first treatment fails, the survey shows that 25 percent of general practitioners—but only 7 percent of neurologists—prescribe the drugs as second-line treatments.

This doesn’t mean that these potentially addictive drugs should never be used. Triptans don’t work for everyone—and people at risk of heart disease or stroke can’t take them.

“There may be patients using opiate medications to manage their headaches

in a very appropriate way,” Penzien says. “It should not be a first-line choice—but the truth is, there is a substantial minority of patients for whom triptans have no effect or have too many side effects. Triptans are a godsend to many patients, but they are not the entire answer to migraine treatment.”

The role of barbiturates is much more controversial—despite doctors’ decades-long history of prescribing butalbital for severe headaches.

“Butalbital has been used forever without any clinical trial evidence that it is effective,” Penzien says. “The potential for dependence and withdrawal is clearly there. Barbiturates should be used only in a limited fashion, and in clearly controlled circumstances.”

Grosberg agrees that while barbiturates are a controversial migraine treatment, they may be helpful for patients whose individual circumstances preclude other treatments.

“It’s never good to use a cookie-cutter approach. Each patient has different needs, so treatment must be tailored to the patient,” he says. “If people are having very frequent headaches, they should certainly not be prescribed opiate or barbiturate medications—but it is important to not overuse any type of headache medicine.”

Natural Headache Relief: Home Remedies

Overtreatment: A Common Cause of Migraine

The average patient in the survey reported five migraine headaches a month. That puts them at risk of what doctors call “rebound headache”—headaches caused by too-frequent doses of headache medicine.

“Patients really must limit acute-headache medications to no more than two days a week—obviously except for the occasional very bad week—to avoid rebound headache,” Grosberg says.

**Continued on Page 3.
See “Too Few...”**

Too Few...

Continued from Page 2

“About 15 percent of our patients come in with medication-overuse headache, usually from overtreatment with opioids or barbiturates,” Penzien says. “Our first job is to get patients to stop using medicines prescribed by well-meaning doctors. And for many, that is all they need. We get them over rebound headaches, and that is all they need for control.”

That’s because well-managed migraines become less and less of a problem.

“When you have confidence in your own ability to manage headache symptoms, they don’t distress you as much,” Penzien says. “Distress is one of the triggers for migraine. If you sense a migraine coming on and you think, ‘Oh, I am going to spend the rest of the day writhing in bed,’ it is distressing and your headache is worse. When you have a treatment you know will help, you feel more in control, and you avoid that trigger.”

Penzien and Grosberg note that triptans, opiates, and barbiturates aren’t the only treatments for migraine.

There’s also a role for over-the-counter painkillers such as ibuprofen and naproxen—although like their prescription counterparts, these drugs can have serious side effects and should never be taken regularly without a doctor’s advice.

Non-drug strategies, such as stress management and improved sleep hygiene, also play a major role in migraine control.

Migraine Medications: Information You Need

Migraine Prevention

Patients experiencing as many headaches as the average survey patient may also benefit from another treatment strategy: prevention.

“With five headaches a month, the average patient in this survey would be well advised to consider a preventative

medication to help manage their problems with rebound and side effects and reduce their need for acute-headache medications,” Penzien says.

The FDA has approved two drugs for migraine prevention: Topamax, an anti-convulsant; and Inderal, a blood-pressure-lowering medication. However, doctors often prescribe any of a number of other medications not specifically approved for migraine prevention.

“None of the migraine preventives were actually invented for prevention of migraine, but for other types of conditions,” Grosberg notes. “Prescription drugs used for migraine prevention include beta-blockers, calcium-channel blockers, tricyclic antidepressants, anti-seizure medications, and even Botox. Nonprescription drugs include magnesium, riboflavin, and a butterbur-root extract called Petadolex.”

Headache treatment isn’t simple. Patients who suffer frequent migraines should consider asking their primary care doctor for a referral to a neurologist or a headache specialist, Penzien and Grosberg suggest.

Both stress the need for more patient education—and for a lot more doctor education.

“The sad truth is that many doctors remain to be educated about the state of the art of migraine therapy,” Penzien says. “Doctors have to partner with migraine patients and educate them about their disorder and the management of that disorder. That is a role doctors aren’t handling very well.”

SOURCES: Migraine Patient Survey, Harris Interactive, Feb. 9, 2007. Migraine Physician Survey, Harris Interactive, Feb. 9, 2007. Brian M. Grosberg, MD, director, inpatient headache program, Montefiore Headache Center; and assistant professor of neurology, Albert Einstein College of Medicine, Bronx, N.Y. Donald B. Penzien, PhD, director, head pain center, and associate professor of psychiatry, University of Mississippi, Jackson.

Found on the Internet at www.Foxnews.com

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School Days Headaches

If your child has been diagnosed with migraines and must take medication for them at school, ask if your local school district has a School Nurse Instruction Form. If they don’t, create one yourself. The American Council for Headache Education (ACHE) suggests the following should be on this form:

School Nurse Instruction Form

- Name of child _____
- Date instructions provided _____
- Physician name and contact information _____
- State the diagnosis (migraines) and indicate the typical characteristics of your child’s headaches, which might be:
 - ___ moderate to severe pain
 - ___ throbbing pain
 - ___ photophobia
 - ___ phonophobia
 - ___ disabling pain
 - ___ nausea and/or vomiting
- List the medications and dosages prescribed
- State in bold letters: *This medication should be given as soon as the child recognizes the onset of a migraine, without delay.*
- List potential side effects to watch for _____
- State the child should be allowed to rest for _____ period of time
- List your name and contact information and indicate that you should be notified if:
 - the headache does not respond to given treatment within 2 hours
 - headaches have a sudden change in characteristics or features
 - headaches seem to be increasing in frequency
 - the school is running low on prescribed medication for your child
 - other concerns

Excerpted from the Web site of the American Council for Headache Education (ACHE) at www.achenet.org.

Notes... The East Bay Headache Support Group features medical and other professionals as speakers at its meetings. Notes are taken of most presentations and made available for a suggested donation of \$2.00 each, or read them on our Web site at www.headachesupport.org.

Past topics include: Biofeedback therapy, genetics, caregiving, dietary headache triggers, chiropractic treatment, pharmaceutical remedies, hormonal triggers, reducing stress in the workplace, dealing with holiday stress, acupuncture and Chinese herbal therapy, children's headaches, temporomandibular joint disease (TMJ), somatic headache relief, compounding medications, allergies, experimental headache drugs, prevention of stress headaches, non-traditional therapies, tension-type headaches, menopause, head injury headaches, environmental medicine, emotional impact of headaches, sleep disorders, chronic pain management, exercise headaches, cluster headaches, 5-HTP, Emergency Room visits, dealing with frustrations, Botox injections, naturopathic medicine, the Alexander Technique, effective nutrition for headache pain management, acupuncture, medication overuse headache, and many more.

The East Bay Headache Support Group is a nonprofit organization dedicated to providing a forum for headache sufferers. The support group meets four times per year—the 1st Tuesday of February and May, and the 3rd Tuesday of September and November—from 7:30 to 9:00 p.m., at John Muir Medical Center—Walnut Creek Campus. It is open to all headache sufferers and their families, and interested persons. The meetings are free; however, donations to cover printing, postage, and Web site expenses are appreciated! The support group meetings include lectures by guest speakers, question and answer sessions, and informational materials.

Directions to John Muir Medical Center—Walnut Creek Campus: Take Highway 680 to the Ygnacio Valley Road exit in Walnut Creek. Travel East toward Mount Diablo approximately 1-1/2 miles, and turn right onto La Casa Via at the top of the hill. Turn left into the medical center parking lot, and enter at the main lobby. Take stairs or elevator to the lower level and follow signs to the meeting room.

We value your input! Call, write, or e-mail us if you have comments or suggestions, or would like to help. The planning committee welcomes new members to help organize meetings and find speakers, and publish and mail newsletters. Call Carol at 925-229-5550 or e-mail Leslie at davisgold@gmail.com.

**TIME DATED
MATERIAL**

**Visit our Web site!
www.headachesupport.org**

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