

HEADACHE DISORDERS

TREATMENT OF MENSTRUAL-RELATED MIGRAINE

A review and meta-analysis of therapy trials for menstrual-related migraine headache (MRM) and evidence-based recommendations for acute and short-term preventive treatment are reported from Toronto Western Hospital, ON, Canada. Nineteen prospective, double-blind, randomized controlled trials of medications for relief or prevention of MRM were included in the guideline. For 9 acute treatment trials that met inclusion criteria, outcome considered was pain response and pain-free response at 2 hours. For 10 short-term prevention trials, the response criteria were the incidence of MRM or number of headache days. Trials involved women aged 18 to 65 with a history of MRM in at least two or 3 previous regular menstrual cycles. Trial quality was based on US Task Force criteria. Grade B recommendations (good evidence to treat - benefits outweigh harms) for use of sumatriptan, mefenamic acid, and rizatriptan in acute management of MRM in adult patients. Grade B recommendations for premenstrual use of transcutaneous estrogen, frovatriptan, and naratriptan in preventive treatment of adults with MRM. Choice of evidence-based regimens for MRM is based on clinical considerations. (Prinsheim T, Davenport WJ, Dodick D. Acute treatment and prevention of menstrually related migraine headache. Evidence-based review. **Neurology** April 22, 2008;70:1555-1563). (Reprints: Dr Tamara Pringsheim, Movement Disorders Centre, Toronto Western Hospital, 399 Bathurst Street, Toronto ON M5T 2S8 Canada).

COMMENT. The above report concerns adults, and sumatriptan is much less effective against migraine in children and adolescents. Sumatriptan is not licensed for use in patients <18 years of age in the US. In 23 children, aged 8 to 16 years, a randomized placebo-controlled, crossover trial of oral sumatriptan in Finland showed no significant differences in pain relief, although 13 preferred sumatriptan. (Hamalainen ML et al. **Neurology** 1997;48:1100-1103). A failure of response to oral sumatriptan is reported by others. In contrast, a placebo-controlled, crossover trial in Germany found *nasal* sumatriptan to be effective and well tolerated in children over 8 years of age. (Ahonon K, Hamalainen ML et al. **Neurology** 2004;62:883-887) (Ueberall MA, Wenzel D. **Neurology** 1999;52:1507-1510). A search of the literature found no study of effects of triptans in children with menstrual-related migraine.

PAROXYSMAL HEMICRANIA

The clinical characteristics of paroxysmal hemicrania (PH) are reported in a series of 31 patients, ages 5-68 years (mean age 37), identified and followed prospectively at the National Hospital and the Hospital for Sick Children, Great Ormond Street, London, UK from May 1995 to January 2007. Pain was exclusively right-sided in 15 (48%) and exclusively left-sided in 15 (48%). The location of pain in the majority was the same as that recognized by the International Headache Society (IHS), 2004: temporal and orbital in 24 (77%), and retro-orbital in 19 (61%). Pain was also frontal in 55%, occipital in 42%, at the vertex in 36%, and located in other areas of the head, neck, and shoulders in some. Pain was