

Terapia delle cefalee primarie in PS

Triptani SI'

Pietro Querzani

Direttore UOC Neurologia Ravenna





Conflitti di interessi

- Eli Lilly
- Novartis
- Allergan



The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice

Jessica Allani MD¹ | Rebecca C. Burch MD²  | Matthew S. Robbins MD³  | on behalf of the Board of Directors of the American Headache Society⁴

ACUTE TREATMENT

Goals

The goals of the acute treatment of patients with migraine include the following²³:

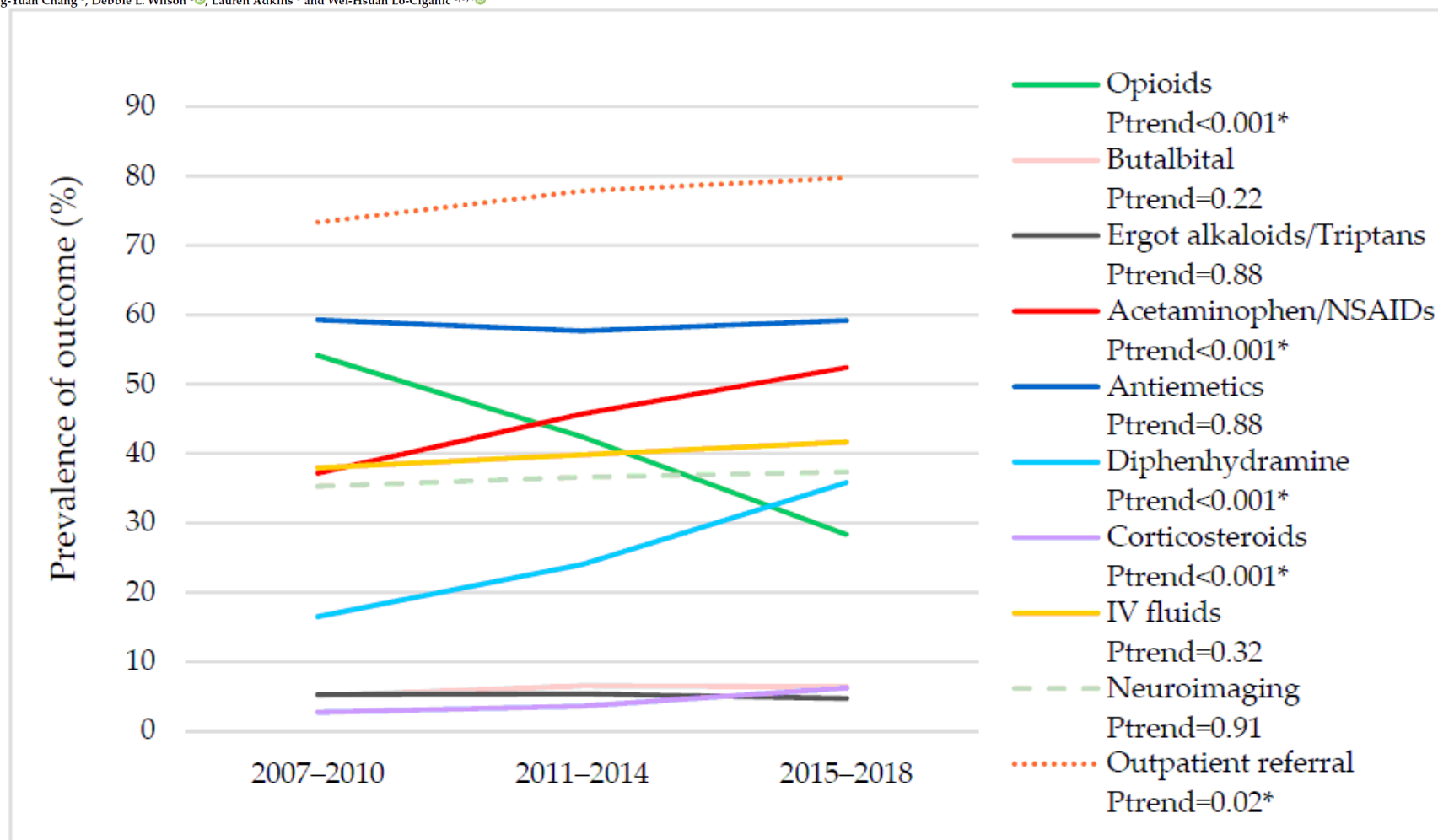
- Rapid and consistent freedom from pain and associated symptoms, especially the most bothersome symptom, without recurrence.
- Restored ability to function.
- Minimal need for repeat dosing or rescue medications.
- Optimal self-care and reduced subsequent use of resources (e.g., emergency room visits, diagnostic imaging, clinician and ambulatory infusion center visits).
- Minimal or no adverse events (AEs).
- Cost considerations.



Article

Trends in the Management of Headache Disorders in US Emergency Departments: Analysis of 2007–2018 National Hospital Ambulatory Medical Care Survey Data

Seonkyeong Yang ¹, Yulia Orlova ², Abigale Lipe ³, Macy Boren ³, Juan M. Hincapié-Castillo ⁴, Haesuk Park ^{1,5}, Ching-Yuan Chang ¹, Debbie L. Wilson ¹, Lauren Adkins ⁶ and Wei-Hsuan Lo-Ciganic ^{1,5,*}



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Table 2. Most frequently used medications among headache-related ED visits: 2007 to 2018 NHAMCS data.

Medication ^a	2007–2010 (%)	2011–2014 (%)	2015–2018 (%)	P _{trend} ^b	
Opioids	54.1	42.4	28.3	<0.001	↓
Codeine	1.0	0.8 *	3.6	<0.001	
Hydrocodone	16.0	12.4	6.6	<0.001	
Hydromorphone	17.3	14.9	8.8	<0.001	
Meperidine	6.6	2.2	0.9 *	<0.001	
Morphine	9.3	9.8	5.1	<0.001	
Nalbuphine	4.2	1.1	1.2 *	<0.001	
Oxycodone	6.7	7.1	3.0	<0.001	
Butalbital	5.1	6.5	6.4	0.22	
Ergot alkaloids/Triptans	5.2	5.3	4.7	0.88	=
Sumatriptan	4.3	4.8	3.8	0.52	
Acetaminophen/NSAIDs	37.2	45.7	52.4	<0.001	
Acetaminophen	6.7	12.2	12.2	<0.001	
Ibuprofen	9.2	10.3	10.3	0.68	
Ketorolac	25.5	36.9	36.9	<0.001	↑
Naproxen	1.8	2.4	2.3	0.51	
Antiemetics	59.3	57.7	59.2	0.88	
Dopamine receptor antagonists	27.5	28.8	38.0	<0.001	↑
Metoclopramide	13.9	19.8	25.2	<0.001	↑
Prochlorperazine	13.4	7.6	12.2	<0.001	
Promethazine	25.0	15.4	11.8	<0.001	
5-HT ₃ antagonists	14.0	24.1	18.6	<0.001	
Ondansetron	14.0	24.1	18.6	<0.001	
Diphenhydramine	16.5	24.0	35.8	<0.001	
Corticosteroids	2.7	3.6	6.2	<0.001	
Dexamethasone	0.7 *	1.6	3.5	<0.001	↑
Methylprednisolone	1.4	1.3	1.8 *	0.60	



Headaches in the emergency department – a survey of patients' characteristics, facts and needs




Alberto Doretti^{1†}, Irina Shestaric^{2†}, Daniela Ungaro^{1†}, John-Ih Lee^{3†}, Loukas Lymperopoulos^{4†}, Lili Kokoti^{5†}, Martina Guglielmetti^{6,7†}, Dimos Dimitrios Mitsikostas^{8†}, Christian Lampl^{9*†}  and on behalf of the School of Advanced Studies of the European Headache Federation (EHF-SAS)

Table 2 Therapeutic procedures

	Acute therapy in the ED			Therapeutic recommendations at discharge		
	All n = 408 (%)	Linz, Austria n = 227 (%)	Milan, Italy n = 181 (%)	All n = 401 (%)	Linz, Austria n = 231 (%)	Milan, Italy n = 170 (%)
NSAIDs	237 (58.0)	142 (62.5)	95 (52.5)	164 (40.9)	102 (44.1)	62 (36.5)
Steroids	2 (0.5)	1 (0.4)	1 (0.5)	0 (0)	0 (0)	0 (0)
Triptans	0 (0)	0 (0)	0 (0)	9 (2.2)	3 (1.3)	6 (3.5)
Acetaminophen	58 (14.2)	18 (7.9)	40 (22.1)	50 (12.5)	28 (12.1)	22 (12.9)
Others	94 (23.0)	53 (23.3)	41 (22.7)	155 (38.7)	75 (32.5)	80 (4.7)
missing data	17 (4.1)	17 (7.4)	0 (0)	23 (5.7)	0 (0)	23 (13.5)

emergency clinicians might choose to use non-specific simple analgesic drugs instead of triptans for one of the following reasons:

- (i) they believe that non-specific simple analgesic drugs are effective and appropriate for the acute treatment of migraine;
- (ii) they are concerned about adverse events of triptans;
- (iii) they are not sufficiently familiar with triptans;
- (iv) they prefer a treatment parentally administrated for faster efficacy and/or because of vomiting (only sumatriptan is available in this formulation)
- (v) ED were not supplied with any triptan

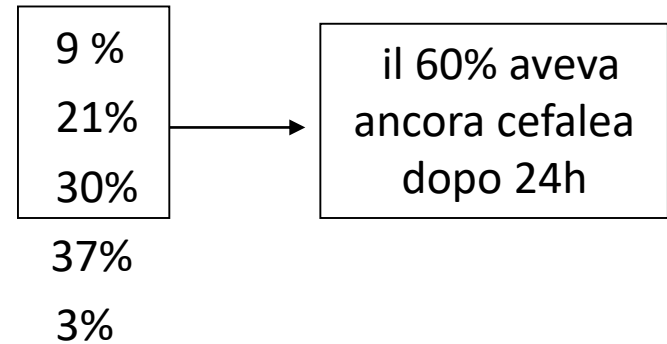


Treatment of Primary Headache in the Emergency Department

H.J. Blumental; M.A. Weisz, K.M. Kelly; R.L. Mayer, J. Blonsky

RATING OF HEADACHE 24 HOURS POST TREATMENT IN ED

worse
unchanged
milder
resolved 24 after evaluation
unsure



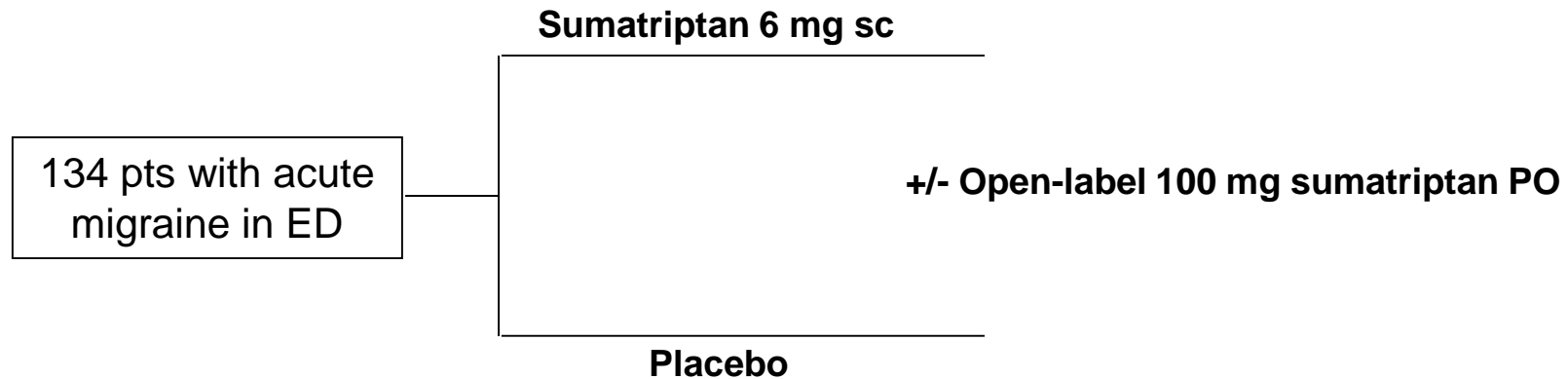
All patients reported they had to rest or sleep after discharge and were unable to return to normal function



Subcutaneous Sumatriptan for Treatment of Acute Migraine in Patients Admitted to the Emergency

Department: A Multicenter Study

BE Akpunonu, et al. Annals of Emergency Medicine, april 1995



Patient with meaningful relief

75 %

Patient with no pain or mild pain at discharge

70 %

Patient with no pain at discharge

31%

Recurrence rate

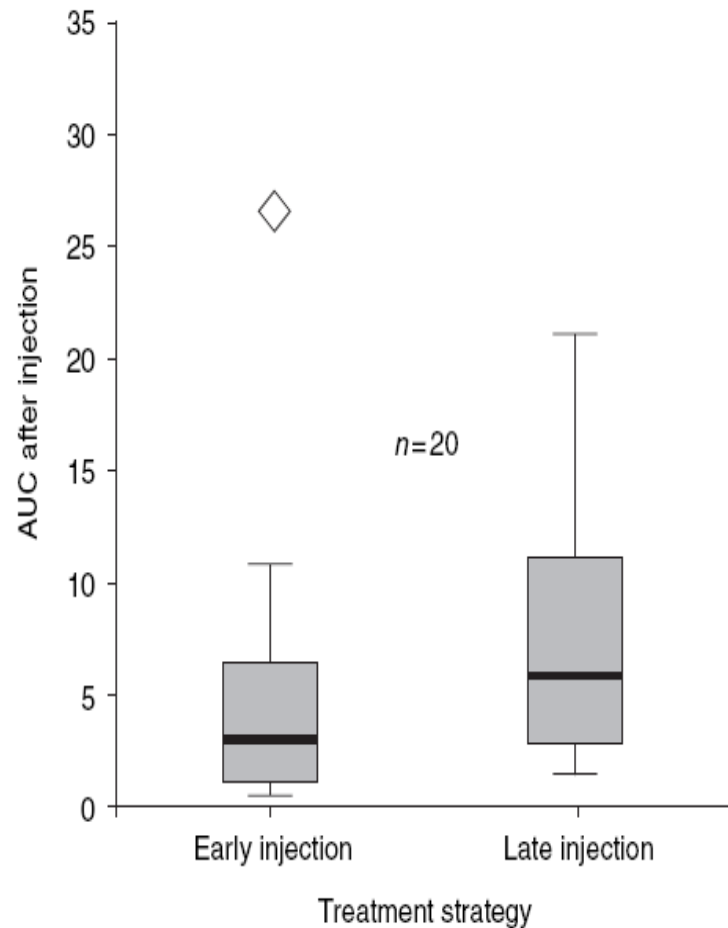
33 %



Subcutaneous sumatriptan provides symptomatic relief at any pain intensity or time during the migraine attack

M Linde, A Mellberg & C Dahlöf

Gothenburg Migraine Clinic, Göteborg University, *Cephalalgia*, 2005, 26, 113–121



Two attacks were treated as early as possible after the onset of migraine headache and two attacks as late as the patients could bear

Independently of the effect of early treatment, the rate of pain free after late treatment was 62%



Is Subcutaneous Sumatriptan an Effective Treatment for Adults Presenting to the Emergency Department With Acute Migraine Headache?

EBEM Commentators

Simon Jones, MD, MHSc

Eddy Lang, MDCM, CCFP(EM)

Department of Emergency Medicine

University of Calgary

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Comparison of subcutaneous sumatriptan versus placebo.

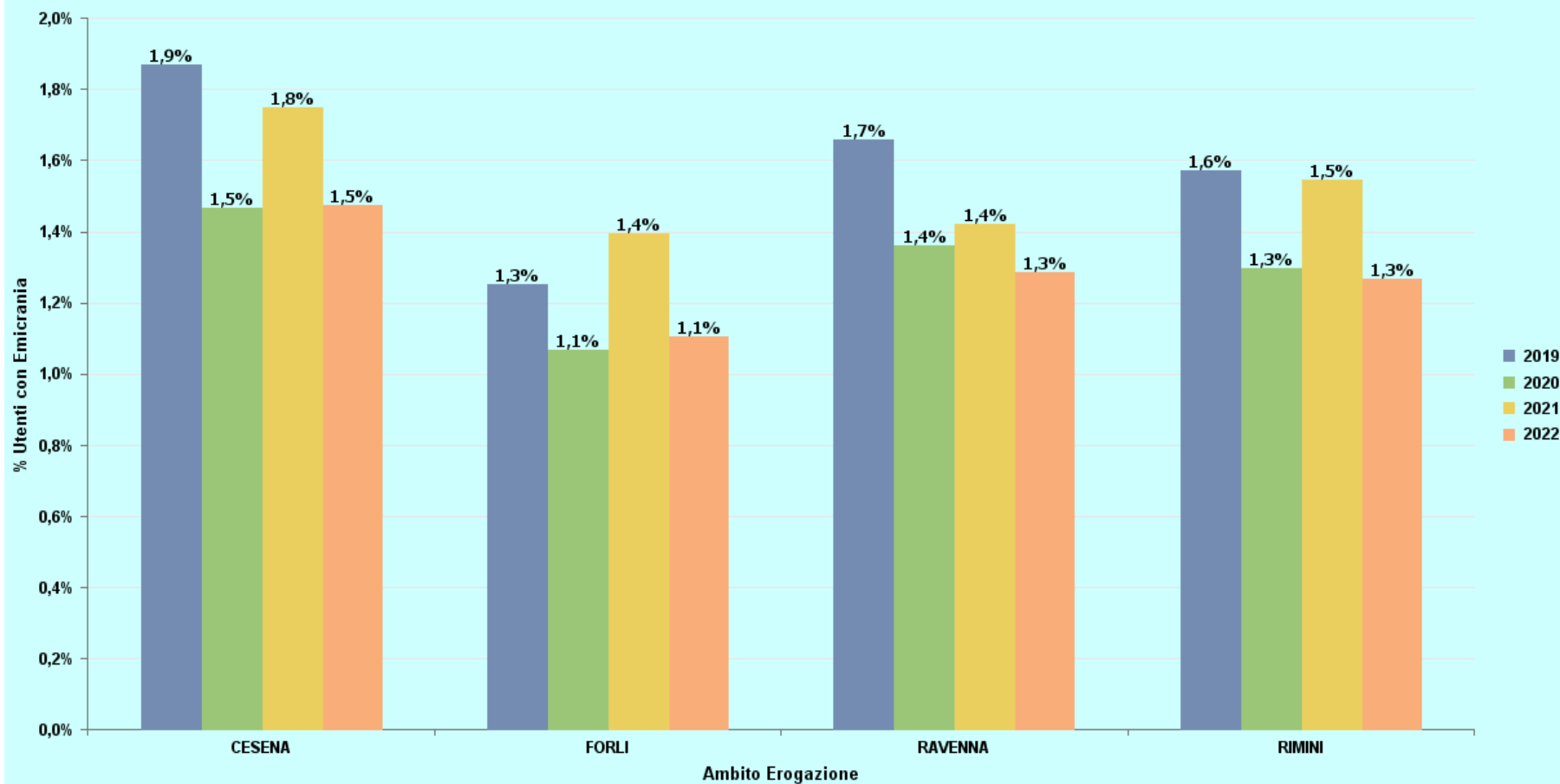
Outcome	RR (95% CI)	NNT (95% CI)	No. of Attacks Treated
Pain free at 1 h	5.5 (4.5–6.8)	2.9 (2.7–3.2)	3,592
Headache relief at 1 h	2.7 (2.5–2.9)	2.2 (2.1–2.4)	5,177
24-h sustained pain free	2.2 (1.6–2.9)	6.1 (4.8–8.2)	752

RR, Relative risk of benefit with sumatriptan compared with placebo; CI, confidence interval; NNT, number needed to treat.

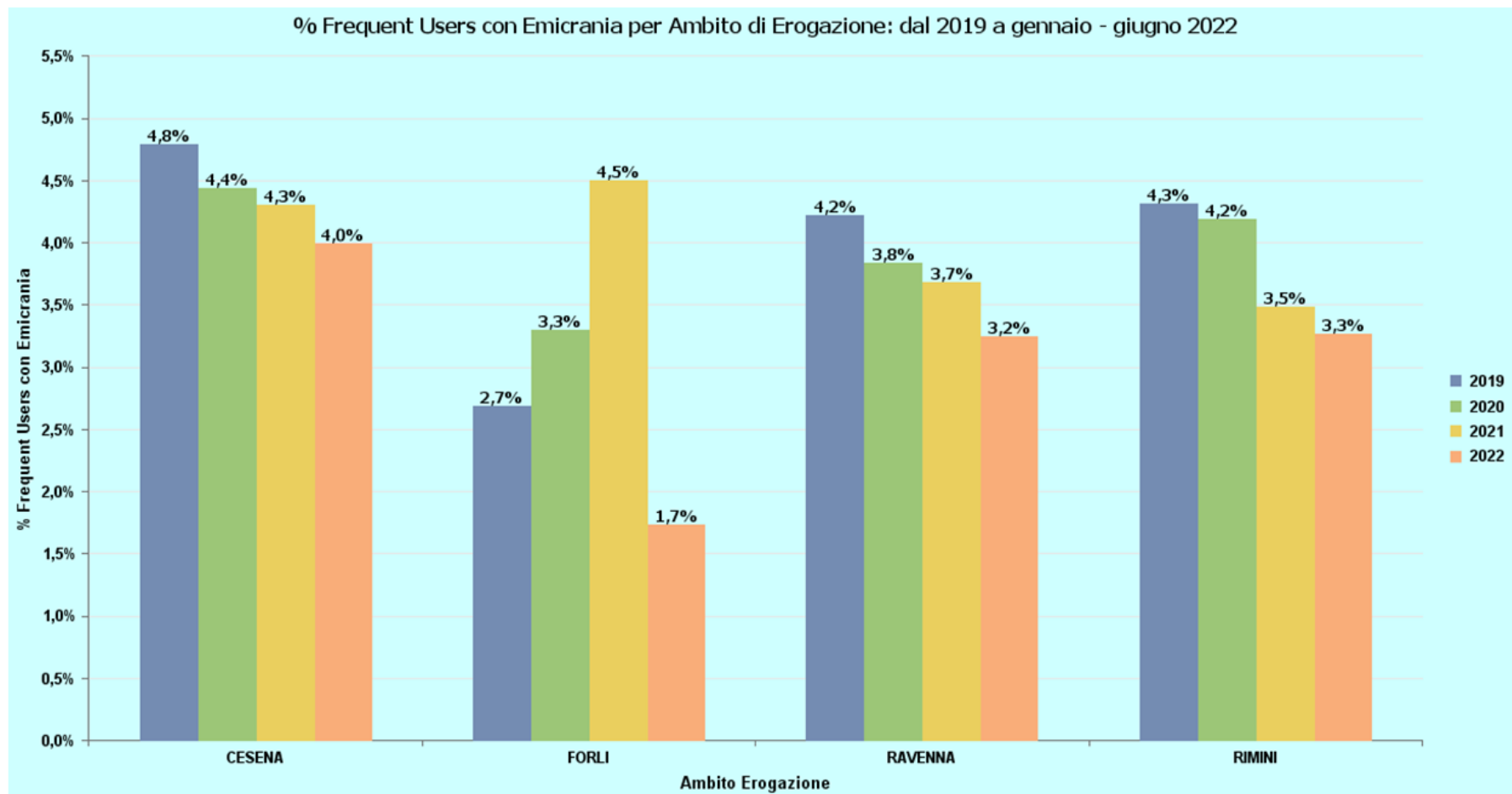


N. utenti che si sono rivolti a un Pronto Soccorso di AUSL Romagna (1.2 mln abitanti) dimessi con codici ICDM-9-CM in diagnosi princ. o sec. di EMICRANIA (34600, 34601, 34610, 34611, 34620, 34621, 34680, 34681, 34690, 34691, 30781, 7840)

% Utenti con Emicrania per Ambito di Erogazione: dal 2019 a gennaio - giugno 2022



Frequent users





	2019	2020	2021	2022 (gennaio-giugno)
n utenti PS (totale Azienda)	306.004	223.082	244.667	151.001
n utenti PS con emicrania	4958 (1.6%)	2956 (1.3%)	3734 (1.5%)	1956 (1.3%)
Numero Frequent Users	14246	7696	8973	2908
Numero Frequent Users per emicrania	595 (4.2%)	307 (4.0%)	342 (3.8%)	94 (3.2%)



Super Frequent users (> 4 accessi) 163 pz



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Goals for sumatriptan in ED !

The goals of the acute treatment of patients with migraine include the following²³:

- Rapid and consistent freedom from pain and associated symptoms, especially the most bothersome symptom, without recurrence.
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La cefalea nel DEA

Diagnosi (Differenziale)

Terapia

Sumatriptan f 6 mg, 1 f sc

Ketorolac f 30 mg, 1 (2) f in F 100
oppure
Ac. Acetilsalicilico 1000 mg in F 100
+
Metoclopramide 1 f in F 100

Stato Eemicranico e/o persistenza della sintomatologia

Desametasone 10 mg in F 100 (reduction in recurrence)

Triptani (Sumatriptan cp 50 mg, 1cp?) / FANS (naprossene?)
(Rescue medication alla dimissione)

Follow-up presso Centro Cefalee