



bi-monthly newsletter focusing on migraine awareness and education.

September 2007 Newsletter

Our mission is to promote the patient-centered care of headache and migraine, to promote migraine awareness, and to remove barriers to the self-management of migraine as a life-long disorder.

Empowering headache sufferers to help themselves

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Doctors, Patients, and Supplements-Oh, My!

Most information a consumer reads about vitamins, minerals and herbal supplements advises them to consult their physician, particularly if they are also taking prescription medications.

But with the explosion of products on the market and the expansion of the use of alternative medicine, will your doctor be able to advise you? Not necessarily.

Welcome to our "Supplement Issue"

While this issue may not directly deal with headaches, we do know that the majority of headache sufferers have used a natural remedy, whether it is riboflavin, magnesium, or an herbal supplement. Can these mix with medications? Learn how to navigate these waters safely.

Herbal Supplements and Medications

Herbal supplements are widely used. Various studies indicate that 25% to 85% of a given clinical population is using herbal supplements. According to the *Journal of the American Medical Association*, about 15 million adult Americans are at risk for possible adverse interactions between prescription drugs and herbs or high dose vitamins. A 2003 British study found that 1 in 20 of the 62% who took herbal preparations were taking a potentially dangerous combination. How can you make sure you're not at risk?



What action

A 2002 study of primary care physicians found that 42% were not aware of any drug-herb interactions that had appeared in the medical literature, nor treated a patient that had one. These physicians indicated that 31% of their patients took herbal supplements, but were unsure about another 31%. A more recent study (2007) of internal medicine residents revealed that one-third did not know that supplements do not need to be approved by the FDA, or that safety and efficacy data are not required before supplements are put on the market. One-third were not aware that quality of supplements is not regulated, and 60% did not know that they should report adverse reactions to supplements or suspected drug-herb interactions to the FDA.

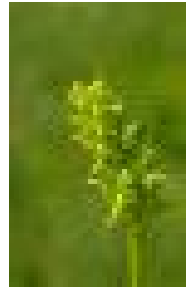
This ignorance is not limited to physicians in training. A survey of consumers has shown that 68% of consumers believed that supplements were regulated by the government, 59% believed dietary supplements were FDA-approved, and 55% believed that manufacturers could not make claims of product efficacy without scientific evidence.

The 20,000 or so herbal supplements that are on the market in the US alone only come under the direct scrutiny of the FDA if there is a problem, or when a product is selected for spot-checking. While information about interactions is increasing rapidly, it is still limited. The best sources of information are your pharmacist or your physician, although be aware that for many of these products, the information is simply not yet known.

It would be impossible to cover a wide range of herbals in one article, but let's hit the highlights of those which have potential interactions with headache medications.

Barbiturates

"Well, I don't take barbiturates!" you might think to yourself indignantly. Except that you do if you take Fioricet® or anything else with butalbital in it. Combining this with kava kava can cause undue sedation. It should also be noted that there have been reports of liver failure from kava kava alone, and taking it in conjunction with acetaminophen (or paracetamol) is not wise, as this enhances risk to the liver.



Calcium channel blockers

Calcium channel blockers taken in combination with dong quai can drop blood pressure significantly. So can taking hawthorn leaf. The combination of verapamil and guarana can cause hyperstimulation of the nervous system. Gingko can inhibit the metabolism of diltiazem.

SSRI anti-depressants

SSRI antidepressants such as Prozac, Paxil, and Lexapro should not be taken in conjunction with St. John's wort as this can result in serotonin syndrome.

Tricyclic anti-depressants

St. John's wort should also not be taken with tricyclic antidepressants (amitriptyline, nortriptyline,

Here are the facts: dietary supplements are currently regulated according to the Dietary Supplement Health and Education Act of 1994, which permits the initial marketing of a product without proof of safety, efficacy, bioavailability or standardization. The manufacturer is held responsible for ensuring a product's safety. The FDA is responsible for taking action against any product that is found to be unsafe after it is on the market, and for monitoring information on labeling and package inserts. The Federal Trade Commission is responsible for any false advertising claims. More detailed information can be found [here](#).

Women are twice as likely to use supplements as men are. Other factors that correlate with supplement use are a higher education level, active coping behaviors, good health or chronic health conditions.

Studies of surgical patients have shown that nearly a third take at least one herbal product on a regular basis, but many don't disclose this to the surgeon or to the anesthesiologist prior to surgery. Without the bottle in hand, one in five patients were unable to identify what they were taking when asked. A study of pregnant women in Australia revealed that 36% took an herbal product while pregnant.

You can be a responsible consumer of dietary and herbal supplements by reading labels

doxepin, imipramine, desipramine, protriptyline) as it can reduce the effective level of drug in your system. With high enough doses, serotonin syndrome can occur.

ACE-inhibitors

Lisinopril and other ACE-inhibitors are sometimes used off-label as migraine preventative medications. Combining them with cayenne, used internally, can increase the risk of cough sometimes seen as an adverse effect of the ACE-inhibitors.

Aspirin/anti-inflammatories

There is a wide range of herbs that interact with the coagulation process. Most of these cause bleeding by causing platelet inhibition. In small doses, this effect can be desirable. It's why a baby aspirin is recommended in older individuals for cardiovascular protection. However, if you use these herbals in combination with one another or with pharmaceuticals that have a similar effect, you may discover-the hard way-that you have gone far beyond any desirable goal.

The four most commonly used herbs that interact with blood clotting are known as the Four G's: **Ginger** (*also called sheng jiang, shen jing, palu, shokyo, or shoga*), **Garlic**, **Ginkgo biloba** (*also called maidenhair or kew tree*), and **Ginseng** (*sometimes called Panax; Siberian ginseng is also known as Eleutherococcus*). Many headache sufferers take aspirin-containing analgesics or other nonsteroidal anti-inflammatory medications (especially indomethacin) and should know of the potential for interactions that can result in bleeding. In the case of migraine, it should be the **Four G's and an F**, because **feverfew** falls into this category as well.

Chamomile, dong quai (or *tang kuei*), and horse chestnut are anti-coagulant. Other anti-platelet herbs are: bilberry, bromelain, cayenne, flaxseed oil, green tea, meadowsweet, motherwort, turmeric, and willow.

BE SAFE

carefully. Look for certifications such as "USP Dietary Supplement Verified", or certification by ConsumerLab.com, NSF International, or Good Housekeeping. The certifications vary, but it's a start, and they at least indicate evidence of laboratory testing.

USP stands for U.S.

Pharmacopeia, and the standards include testing for uniformity, cleanliness, and freedom from environmental contaminants such as lead, mercury, or drugs. It is safer to buy single-herb products that clearly show how much of the herb each dose contains than to buy a mixture of several herbs with unknown amounts of each herb.

And be very wary of buying any herbs that have not been manufactured in the US, the EU, or Canada, as supplements from other countries have been found to contain contaminants.

For more information:

[Health Finder](#)

[Natural Standard Databases](#)

[HerbMed Database](#)

[Supplements on MedLine](#)

Quick Links

[Migraine Survival](#)

[National Headache Foundation](#)

[American Council for Headache Education](#)

[World Headache Alliance](#)

[The Migraine Trust](#)

Remember that if you are taking more than one medication, the possibility for interactions increases greatly. Drug-drug interactions are already an issue for many people who may have more than one prescribing provider; adding herbal supplements increases the potential for further drug-herb interactions. Talk to your pharmacist if you have any concerns about this-they are far more qualified to answer your questions than the clerk at the health food store.

What Should I Do If I'm Worried?

If you are concerned that you might be experiencing an adverse reaction to a vitamin, mineral, or herbal supplement, talk to your health care provider. Some of these reactions are predictable symptoms related to taking too much. Others may be due to contaminants in a product, or due to a drug-herb interaction. If your health care provider is not certain, a call to your pharmacist may be helpful--databases are being updated frequently.

Adverse reactions to supplements are to be reported to [MedWatch](#) which is a reporting program of the FDA.

**Do you suffer from migraine or other headaches?
You may find helpful information at**



[our companion website for migraine sufferers](#)

MigraineSurvival.Com

Learn more about types of headache, trigger avoidance, treatment of headache, what happens

in a migraine, and other topics of interest to the
headache sufferer.

**For information about Migraine & Headache Awareness Education and
Workplace Wellness Programs, contact us at**

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