

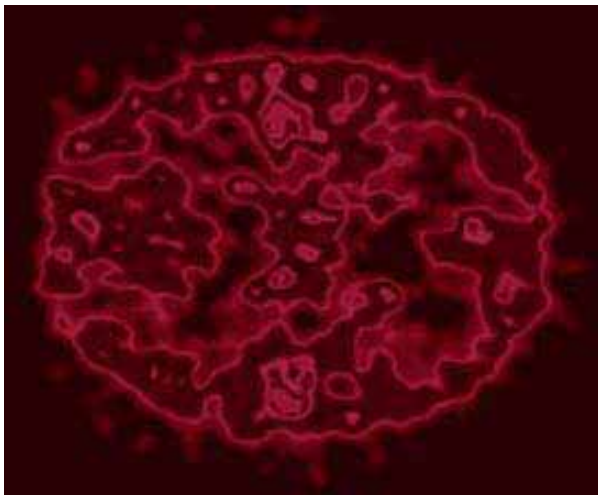
MIGRAINE DEMYSTIFIED

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Medication Reaction and Drug Allergies



Uh-Oh...I Just Took This Pill, And I Feel Really Strange...

How To Know If You Are Having A Medication Reaction

You have taken your headache medication, and now you are feeling a little odd. Now what? Is it the medication? Is it part of the headache? Are you having an allergic reaction? How do you know, and what should you do?

This really depends on what you are feeling, how long you have been feeling this way, whether you have ever felt this way before, and on what you took. Here are some helpful facts.

Drug Allergies True drug allergies occur in only 5-15% of people exposed to a given drug. Immediate reactions take place in 0-60 minutes; accelerated reactions take place in 1-72 hours, and a delayed reaction would be one that occurred in greater than 72 hours. Symptoms of a true drug hypersensitivity would be fever, rash, and internal organ involvement, which could be breathing difficulty or involvement of the liver or blood, for example. Fever and rash are usually the first signs. If you experience this, stop the medication and call your doctor. If you develop breathing difficulty, you may need to go to the emergency room, or call 911 in North America or 112 in the EU.

There is a difference between a drug allergy and what is known as an adverse effect of a drug. Many medications have adverse effects—or what you might call a “side effect.” These are things that might be uncomfortable, but are not necessarily dangerous to you. For example, the triptan medications, commonly prescribed for migraine headaches, can cause a hot sensation in the head, or a tight or pressure sensation in the throat or chest. This can be alarming if you have not been warned to expect this, or have not experienced it before. These sensations, however, have nothing to do with your heart—this has been tested extensively. Believe it or not, even though you feel it in your chest, it is coming from your brain.

Sometimes, when you take medication for a migraine, it seems like you are getting nauseated. It is hard to tell if this is due to the medication itself, or if this is just the headache progressing. If this happens to you regularly, you might want to ask your doctor for anti- nausea medication.

In order to tell if the symptoms you are experiencing might be due to the pill you took, you can look at the package insert—the paper that comes with the prescription—and see if the symptom is listed. The problem here is that when the drug is tested prior to being marketed, all symptoms reported by the test population have to be listed, regardless of whether they were experienced by the people taking the experimental drug or whether they were experienced by the people taking the placebo (the “sugar pills”). This is what is listed in the package insert, as required by the FDA. Some package inserts will list a comparison chart of the drug group side effects alongside the placebo group side effects, so that you can sort this out better. So if it seems like a lot of fine print, this is why.

Serotonin Syndrome

From time to time, this becomes a matter of concern amongst headache sufferers. Sometimes, it is raised as a possible problem by pharmacists filling prescriptions for migraine patients. On occasion, it has become a legitimate issue based on actual medication interactions, particularly in the depressed headache patient. Usually, however, it is more a matter of theoretical concern.

So, what is serotonin syndrome?

Serotonin syndrome is a very serious drug reaction that can occur from medications that stimulate the neurotransmitter serotonin. This usually occurs when you take more than one medication that stimulates the serotonin system, but it has also been reported from high doses of anti-depressants in the category called SSRI antidepressants. Serotonin syndrome has been most commonly reported in overdose situations, and is rare in headache sufferers. In fact, most of the reported cases of serotonin syndrome in headache sufferers has been with injected sumatriptan in conjunction with other serotonin- active medications, and not with oral triptan medications.

The symptoms of serotonin syndrome are altered mental status, fever, rapid heart rate, tremor, shivering, insomnia, sweating, agitation, low or high blood pressure, diarrhea, nausea, and neuromuscular problems. These symptoms come on within 24 hours of

Medication Interactions Many headache sufferers are on more than one medication. Mixing medications can result in drug- drug interactions. Often, your pharmacist will catch a potential problem when your prescription is filled. However, your pharmacist may not know about everything you are taking, especially if you are on herbal preparations.

One potential problem that can particularly affect the migraine sufferer is serotonin syndrome, due to the type of medications used. This can be enhanced if you are taking St. John's Wort. See the accompanying article on this syndrome.

Foods can affect your medication as well—if you are on certain antidepressants, for example, you should not drink grapefruit juice. Also, sometimes the inert ingredients in medications can be a problem. If you are lactose-intolerant, some pills contain lactose, and this can create a problem for you. And finally, some of the orally-disintegrating tablets contain aspartame. If that is a migraine trigger for you, this could be a problem, although the amount in the tablet is so small it is probably not an issue unless you are very, very sensitive.

The best thing to do if you think you are having a reaction to a medication is to read the literature that came with the medication. If you are still concerned, call the pharmacy for advice. If the pharmacy is closed, and you are experiencing serious symptoms, call your doctor. If you are having difficulty breathing, go to the emergency department. The good news is that serious medication reactions are rare, and most are treatable simply by stopping the medication.

Medications associated with Serotonin Syndrome

Tricyclic antidepressants

amitriptyline, Elavil
nortriptyline, Pamelor
doxepin, Sinequan
imipramine, Tofranil
clomipramine, Anafranil
protriptyline, Vivactil

MAO Inhibitor antidepressants

isocarboxazid, Marplan
phenelzine, Nardil
tranycypromine, Parnate
selegiline, Eldepryl, Deprenyl
moclobemide, Manerix

Plant MAO Inhibitors

St. John's Wort (*Hypericum perforatum*)
Yohimbe (used for erectile dysfunction)
Syrian Rue (*Peganum harmala*)--hallucinogen
Ayahuasca (*Banisteropsis caapi*)--hallucinogen

Antibiotics/Antivirals

linezolid, Zyvoxid
ritonavir, Norvir

Antiemetics

ondansetron, Zofran
granisetron, Kytril
metoclopramide, Reglan

SSRIs

fluoxetine, Prozac, Sarafem
fluvoxamine, Luvox
citalopram, Celexa
escitalopram, Lexapro
paroxetine, Paxil
sertraline, Zoloft

Other antidepressants

venlafaxine, Effexor
trazadone, Desyrel
mirtazepine, Remeron
nefazadone, (formerly available as Serzone)

Stimulants

amphetamine, methamphetamine
Adderall, Dexedrine
Desoxyn
fenfluramine, Pondimin*
dexfenfluramine, Redux*
sibutramine, Meridia

Drugs of Abuse

MDMA/Ecstasy
methamphetamine
cocaine
LSD
"foxy methoxy" (5-methoxydiisopropyltyptamine)

Miscellaneous

L-tryptophan
bromocriptine, Parlodel
L-dopa, Sinemet

taking the offending medication, or a change in dosage. The symptoms that define a serious serotonin syndrome are altered mental status, fever, and involuntary neuromuscular movements called clonus.

Are you in danger of serotonin syndrome?

Most likely not. The doses of tricyclic antidepressants used for the prevention of migraine are usually low doses. Oral triptan medications have not been found to be associated with serotonin syndrome. A recent study evaluated over 1700 patients who received sumatriptan injection in addition to an SSRI antidepressant, and there were no cases of serotonin syndrome. Unless you are being treated for depression or bipolar disorder, and your antidepressant doses are fairly high, it is unlikely that you are at significant risk. Remember that it is when you have had a dosage increase that you are at the most risk, and it is usually the addition of a third medication that is the problem, such as an anti- nausea medication, an antibiotic, a second anti- depressant, or an opioid analgesic like fentanyl or Demerol.

If you are concerned that you have symptoms that might represent serotonin syndrome, call your doctor or go directly to the emergency room. Be sure to drink lots of water, as this can help. If nothing has changed in your medication regimen, and your symptoms are mild or vague, it is probably not serotonin syndrome.

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