

Active Ingredient	Side-effects
Ergotamine	CVS: Spasm, chest pain, numbness and tingling sensation of fingers CNS: Drowsiness, dizziness GIT: Nausea, vomiting, diarrhoea
Zolmitriptan	CNS: Dizziness Endocrine: Hot flushes Neuromuscular: Paresthesia
Sumatriptan	CNS: Dizziness GIT: Bad taste Neuromuscular: Tingling sensation
Naratriptan	CNS: Drowsiness, dizziness, malaise, fatigue GIT: Nausea, vomiting Miscellaneous: Pain or pressure in the throat or neck
Eletriptan	CNS: Drowsiness GIT: Nausea Neuromuscular: Weakness

What PRECAUTIONS should I take?

Do not use these agents if you are pregnant, trying to become pregnant, or not using adequate contraception, unless you have discussed this with your physician.

Inform your doctor if you are breast-feeding and thinking of taking these medications for your migraine attacks.

Inform your doctor or pharmacist if you have been (for the past 2 weeks) or are currently on any other medications such as other anti-migraine medications.

These medications may cause drowsiness, impair consciousness and judgement. Do not drive or operate machinery when taking these medications.

If headaches recur or only a partial response is achieved following an initial dose, the dose may be repeated. However, following failure of a given attack of migraine to respond to the 1st dose, the patient should consult a doctor before repeating a dose.

Patients on prolonged ergotamine therapy may experience rebound headaches when the drug is stopped.

How should I STORE the medicine?

Store the medicine in a cool, dry place. Protect from moisture, heat and direct sunlight.



MINISTRY OF HEALTH
SINGAPORE



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PATIENT INFORMATION LEAFLET

ANTI-MIGRAINE MEDICATIONS



ABOUT your medicine

*Ergotamine, Zolmitriptan, Sumatriptan, Naratriptan and Eletriptan are used to relieve acute migraine attacks. They are not used to prevent or reduce the number of attacks.

(*The active ingredient in Cafergot® is ergotamine. Cafergot® also contains caffeine and its main function in this preparation is to improve the gastric absorption of ergotamine).

The four oral preparations are available in the following presentations.

Active Ingredient	Strength/Tablet
Ergotamine	1mg
Zolmitriptan	2.5mg
Sumatriptan	50mg, 100mg
Naratriptan	2.5mg
Eletriptan	40mg

HOW should I take the medicine?

Ergotamine:

It should be taken as soon as possible after the 1st symptoms of a headache i.e. at the beginning of the headache. The amount of medication required, the speed and degree of relief are related to the promptness with which the medication is started. After the initial dose is administered, the patient should lie down and relax in a quiet, darkened room for best recovery.

*Keep all medication out of reach of children
Discard all medication that has expired or is no longer required*

The usual adult dose of Ergotamine is 2 tablets followed by another dose in 30 minutes till the attack is abated or until a total of 6 tablets per day or 10 tablets per week are taken. The treatment should not be repeated at an interval of less than 4 days.

Sumatriptan:

Unlike ergotamine, sumatriptan has been effective even when given late in the attack. However, you are advised to take the medication at the first sign of a migraine attack.

For the management of acute migraine pain and associated symptoms, one tablet of 50mg or 100mg sumatriptan can be taken. If a satisfactory response is not obtained in 2 hours, a second dose may be taken. The total daily dose should not exceed 300mg.

Naratriptan:

A single dose of half to one tablet (1.25mg to 2.5mg) of Naratriptan is generally sufficient to relieve an acute migraine attack. If the headache recurs or only a partial response is achieved following an initial dose, the dose may be repeated after 4 hours. The maximum dosage of naratriptan to be administered in any 24-hour period is 5mg.

Zolmitriptan:

When using Zolmitriptan, you are advised to take the medication at the first sign of migraine attack. Half to one tablet (1.25mg to 2.5mg) of Zolmitriptan may be taken for initial relief. If symptoms recur or only a partial response is achieved following an initial dose, the dose may be repeated after 2 hours. The total intake should not exceed 10mg in 24 hours.

Eletriptan:

Eletriptan has been effective even when given late in the attack. However, you are advised to take the medication at the first sign of a migraine attack.

For the management of acute migraine pain and associated symptoms, half to one tablet of 40mg of Eletriptan can be taken. If a satisfactory response is not obtained in 2 hours, a second dose may be taken. The total daily dose should not exceed 160mg.

Summary of dosage guidelines:

Active Ingredient	Dose	Daily/Weekly Maximum Dose	Onset
Ergotamine 1mg/ tablet	Two tablets followed by one tablet every 30mins	6mg or 6 tablets per day 10mg or 10 tablets per week	Depends on promptness of administration
Zolmitriptan 2.5mg/tablet	Half to one tablet followed by a second dose after 2 hours	10mg or 4 tablets per day	Within 1 hour
Sumatriptan 50mg or 100mg/ tablet	One tablet (50mg or 100mg) followed by a second dose after 2 hours	300mg per day	About 0.5-2 hours
Naratriptan 2.5mg/tablet	Half to one tablet followed by a second dose after 4 hours	5mg or 2 tablets per day	2-3 hours
Eletriptan 40mg/ tablet	Half to one tablet followed by a second dose after 2 hrs if symptoms recur after initial relief	160mg in 24 hrs	Within 1 hr

What are the possible SIDE-EFFECTS of the medicine?

The common side effects associated with these medicines are related to the cardiovascular (CVS), central nervous (CNS) and gastrointestinal (GIT) systems. They are listed in greater detail in the following table.