LAS VEGAS — Every cluster headache patient needs to be on a prophylactic drug, Todd D. Rozen, M.D., said at a symposium sponsored by the American Headache Society.

“I tell them, ‘I’m not happy, and you shouldn’t be happy, until you’re cluster free on prevention,’” said Dr. Rozen of the Michigan Head Pain and Neurological Institute, Ann Arbor.

There are two types of prophylaxis for cluster headache: transitional treatments, which are intended to prevent cluster headaches from occurring for a short period of time (typically 7-14 days), and maintenance preventive treatments, which are desired to keep a patient cluster free while in a cluster cycle.

Transitional treatments must kick in quickly. They’re used for 10-14 days, after which they’re tapered down as the maintenance preventives are tapered up to a therapeutic dose. The transitional drug and maintenance preventive drug are typically started at the same time, Dr. Rozen said.

Carbon monoxide poisoning often results in carboxyhemoglobin. Carbon monoxide poisoning often results in carboxyhemoglobin. Carbon monoxide poisoning often results in carboxyhemoglobin. Carbon monoxide poisoning often results in carboxyhemoglobin.

Ulcer disease, arthritis, Raynaud’s disease, diabetes can cause cluster headaches. If there’s no benefit within 3 days, Dr. Rozen said.

When patients do respond to topiramate, Dr. Rozen acknowledged being a member of the advisory board of Ortho-McNeil Pharmaceuticals Inc., whose products include topiramate (Topamax).

Some small, uncontrolled studies suggest that topiramate may be effective for preventing cluster.

When trying to prevent cluster headaches, increase the dosage in 25 mg increments every 4-5 days until the patient is taking 75-100 mg/day. When patients do respond to topiramate, it’s usually in a short period, 1-2 weeks after starting the agent, he said.

Other preventive treatments that may be effective are: transdermal clonidine, tiagabine, gabapentin, baclofen, and histamine desensitization.

For some patients, steroids seem to be the only thing that works. Dr. Rozen noted, and of course patients shouldn’t take corticosteroids chronically.

He reported that he has had success in a single patient with myoclonus with methylprednisolone (CellCept), the steroid-sparing immunsuppressant.

Dr. Rozen acknowledged being a member of the advisory board of Ortho-McNeil Pharmaceuticals Inc., whose products include topiramate (Topamax).

**Robert Finn**

**LAS VEGAS —** Even in a neurologist’s office, every headache patient merits a general history and a physical examination, which may be the best tools with which to differentiate secondary from primary headaches, John G. Edmeads, M.D., said at a symposium sponsored by the American Headache Society.

“The headache never walks alone” when it is secondary to a general medical condition, said Dr. Edmeads of Sunnybrook Medical Centre, Toronto.

“There’s always something on history or physical to give you a clue that there’s a general medical disease going on. And once you have this clue you can diagnose them through a focused work-up that won’t cost an arm and a leg,” he said.

Dr. Edmeads offered the following suggestions:

► Neurologists can’t assume that patients have had a thorough evaluation before reaching their offices. Dr. Edmeads said that he has had patients ask about the blood pressure cuff as if they had never seen one before.

► Be suspicious if the patient’s signs and symptoms don’t clearly meet International Headache Society criteria for primary headache. Any patient whose headache doesn’t meet the society’s criteria deserves additional investigation.

► If it’s not clearly migraine or tension-type headache, look for evidence of central nervous system involvement, either in the brain or its coverings. If there’s any indication of CNS involvement, the next step includes neuroimaging and possibly examination of the patient’s cerebrospinal fluid.

► If there are no signs or symptoms of CNS involvement, then conduct a general medical screen. This should include a CBC, an erythrocyte sedimentation rate; electrolytes, including calcium and phosphate; BUN and creatinine; liver enzymes and bilirubin; thyroid function studies, including TSH, T3, and T4, and a chest x-ray. Answers will come back within a day or two and will cost less than a couple of hundred dollars, Dr. Edmeads said.

► If these studies are negative, consider serum protein electrophoresis and arterial blood gases.

In winter, consider carbon monoxide poisoning and test for carbonhydromoglobin. Carbon monoxide poisoning often results from poorly maintained heaters and will often present as daily, diffuse, nocturnal headaches that clear up in the morning when patients get out into the fresh air.

► If all results are still negative, but you still have a strong suspicion that the headache is the result of a general medical condition, consider a consultation with a general internist.

**Comorbid Conditions Can Guide Migraine Prophylaxis**

<table>
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<tr>
<th>Drug</th>
<th>Efficacy*</th>
<th>Side Effects**</th>
<th>Relative Contraindications</th>
<th>Relative Indications</th>
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<tr>
<td>Antiplatelets</td>
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<tr>
<td>Divalproex</td>
<td>4+</td>
<td>2+</td>
<td>Liver disease, bleeding disorders</td>
<td>Mania, epilepsy, anxiety disorders</td>
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<tr>
<td>Gabapentin</td>
<td>2+</td>
<td>2+</td>
<td>Kidney stones</td>
<td>Epilepsy, possibly mania</td>
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<tr>
<td>Topiramate</td>
<td>4+</td>
<td>2+</td>
<td>Mania, urinary retention, heart block</td>
<td>Depression, other pain disorders, anxiety disorders, insomnia</td>
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<tr>
<td>Selective serotonin reuptake inhibitors</td>
<td>2+</td>
<td>1+</td>
<td>Mania</td>
<td>Depression, obsessive-compulsive disorder</td>
</tr>
<tr>
<td>Monoamine oxidase inhibitors</td>
<td>3+</td>
<td>4+</td>
<td>Unreliable patient</td>
<td>Refractory depression</td>
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<tr>
<td>β-Blockers</td>
<td>4+</td>
<td>2+</td>
<td>Asthma, depression, heart failure, Hyper tension, angina</td>
<td>Migraine with aura, hypertension, angina, asthma</td>
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<tr>
<td>Calcium Channel Blockers</td>
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<tr>
<td>Verapamil</td>
<td>2+</td>
<td>1+</td>
<td>Constipation, hypotension</td>
<td>Migraine with aura, hypertension, angina, asthma</td>
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<tr>
<td>NSAIDs</td>
<td></td>
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<td>Uric acid disease, arthritis, other pain disorders</td>
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</tbody>
</table>

*efficacy scale: 1+ = low, 4+ = high.
**side effects scale: 1+ = mild, 4+ = serious.

Source: Stephen D. Silberstein, M.D., speaking at a symposium sponsored by the American Headache Society in Las Vegas, who acknowledged financial relationships with a large number of pharmaceutical companies with products for migraine.