

A tailor-made suit rather than one size fits all: why triptans are not the best choice for first line migraine attack treatment

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Triptans are an effective medication against migraine attack. This does not imply that they should be considered as the first line treatment. Triptans are only effective for 80% of patients. The effectiveness of particular triptan cannot be predicted. Therefore, a patient might have to try several different triptans before finding the effective one. Secondly, triptans have side effects. Most common are fatigue, dizziness, chest discomfort, somnolence and nausea. Due to their vasoconstrictive effect triptans are proscribed in patients with cardiovascular diseases. They are also contraindicated during pregnancy or lactation. Triptans are more likely to induce a medication overuse headache than NSAIDs. On the other hand, NSAIDs are safe and effective solution for migraine attack recommended by AHS and EFNS. They present a high tolerability profile and a low risk of transformation from episodic to chronic migraine. A combination of sumatriptan with naproxen proved to be more effective and better tolerated than sumatriptan or naproxen alone. This leads to a conclusion that a multi-component medication may also be a good choice for the migraine attack treatment. Lamifiban, a 5HT_{1F} receptor agonist has presented a good efficacy and safety in two clinical trials. Lasmiditan does not have a vasoconstrictive effect of triptans, while has all their benefits regarding efficacy. Choosing a first line treatment of a migraine attack it is important to take into consideration its severity, patient medical history and possible side effects. There is no solution that will be suitable for all patients.