

Combination drug taken early relieves migraine symptoms

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A combination drug taken within an hour after the start of a migraine is effective in relieving symptoms, according to research published in the July 8, 2008, issue of *Neurology*, the medical journal of the American Academy of Neurology.

The drug combines sumatriptan, a migraine-specific drug that affects the constriction of blood vessels, with naproxen sodium, a non-steroidal anti-inflammatory drug that works on the inflammatory aspect of migraine and relieves non-traditional migraine symptoms such as sinus pain and pressure and neck pain.

"Unfortunately, many migraine sufferers put off treatment," said study author Stephen Silberstein, MD, of Thomas Jefferson University in Philadelphia, PA, and a Fellow of the American Academy of Neurology. "This study provides more evidence that treating a migraine at the first sign of pain increases the likelihood of relief."

The research involved two studies with a total of 1,111 people with migraine who had experienced two to six attacks per month in the three months before the study started. Half of the people were given the sumatriptan/naproxen drug within an hour after migraine pain started and while the pain was still mild; the other half were given a placebo.

Two hours after the dose was given, about 50 percent of those who received the drug were free of any pain, compared to about 16 percent of those who got the placebo. The people who took the placebo were

also two to three times more likely to progress to moderate or severe pain over four hours than those who took the drug.

Those who took the drug also had fewer traditional migraine-related symptoms such as nausea and sensitivity to light and sound and fewer non-traditional symptoms such as neck and sinus pain than those who took the placebo.

Silberstein noted that only people whose migraines had a mild pain phase were included in the study, so it is not clear whether the results would apply to people whose migraines start at the moderate or severe pain level.

Source: American Academy of Neurology

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