

# Study: Giving aspirin via IV is safe and effective for severe headache

September 20 2010

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A new study shows that aspirin, given intravenously (IV), may be a safe and effective option for people hospitalized for severe headache or migraine, undergoing medication withdrawal. The research will be published in the September 21, 2010, issue of *Neurology*, the medical journal of the American Academy of Neurology.

"Intravenous [aspirin](#) is not readily available in the United States and only on a 'named patient' basis in the United Kingdom, while it is more generally used in other parts of Europe," said study author Peter J. Goadsby, MD, PhD, with the Department of Neurology, University of California, San Francisco and a member of the American Academy of Neurology. "Our results show it could be a cost-effective, safe and easy to use treatment for people hospitalized for [headache](#) or migraine." A "named patient" program is only available to people who have tried all other alternative treatments and do not qualify for a clinical trial.

For the study, researchers reviewed the medical records of 168 people between the ages of 18 and 75, hospitalized for headache and given aspirin through an IV. Of those, 117 were women. All but three people had chronic daily headache, a condition defined as having a headache 15 days or more per month for three months. Most had a diagnosis of migraine.

Participants received doses of one gram of aspirin, with an average of five doses. Overall, about six percent of people experienced side effects, none of which were considered severe. Side effects included nausea,

pain from IV [insertion](#) and vomiting.

Before, during and after treatment, 86 participants wrote hourly in diaries about their pain. Pain was rated on a 10-point scale, with scores of 1-3 for mild headache, 4-7 for moderate headache, and 8-10 for severe headache. Participants' comments, along with nurses' notes, were also used to rate the effectiveness of IV aspirin.

The study found that more than 25 percent of the time, people experienced a 3-point or greater reduction in pain scores, downgrading the headache from severe to moderate, moderate to mild or from mild to no headache. About 40 percent of the time, participants reported a moderate effect.

"It's important to note that participants knew they were getting treatment and a placebo was not used, although placebo-controlled trials have shown intravenous aspirin is effective in acute migraine," said Goadsby. "Our findings warrant more research into the use of IV aspirin for severe headache or [migraine](#)."

Potential side effects of aspirin include heartburn, nausea, vomiting, bleeding, worsening of asthma, kidney impairment and rash.

Provided by American Academy of Neurology

Citation: Study: Giving aspirin via IV is safe and effective for severe headache (2010, September 20) retrieved 5 May 2024 from <https://medicalxpress.com/news/2010-09-aspirin-iv-safe-effective-severe.html>

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