

Migraine With Aura May Mean Higher Lipids

BY DAMIAN McNAMARA

FROM THE INTERNATIONAL HEADACHE CONGRESS

BERLIN – Do you have older patients who experience migraines with aura? You might want to check their lipid levels.

Older patients who experience migraines with aura may be at increased risk for elevated lipids, particularly total cholesterol and triglycerides, according to the EVA (Epidemiology of Vascular Aging) study.

Migraine with aura has been linked to increased risk of ischemic vascular events, Dr. Tobias Kurth said at the congress, which was sponsored by the International

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Headache Society and the American Headache Society. “Migraine with aura is also associated with increased prevalence of cardiovascular risk factors, including elevated levels of some vascular biomarkers” (Eur. J. Neurol. 2011;18:504-11; Neurology 2005;64:614-20).

However, “there is a lack of data in the elderly, a group with increased lipids,” Dr. Kurth said.

The researchers conducted a cross-sectional, longitudinal study of 1,155 EVA participants with complete lipid and headache information. The patients were classified into groups of three (called tertiles), based on their levels of different blood biomarkers. Their average age was 69 years.

A total of 166 participants had a history of migraine, including 23 who reported migraine with aura. Another 64 had nonmigraine headaches, and the remaining 925 people reported no severe headaches. Researchers determined the presence and type of headache through telephone interviews.

“There was a strong association with migraine with aura and increasing levels of cholesterol, with nearly a sixfold risk of being in third tertile” of total cholesterol, compared with patients without headache, said Dr. Kurth, director of research in the neuroepidemiology unit at INSERM (Institut National de la Santé et de la Recherche Médicale) in Paris.

Those with migraine with aura had greater adjusted odds (odds ratio, 5.97) of being in the third tertile for total cholesterol. Their risk for being in the second tertile also was greater (OR, 4.67), compared with those without headache.

Researchers also found a strong association between migraine with aura and elevated triglycerides (OR, 4.42 for the third tertile).

The findings confirm previous reports in the literature, Dr. Kurth said.

Interestingly, the associations held only

for migraine with aura. “Migraine with aura is associated with an unfavorable lipid profile. Migraine with aura could be a marker for increased lipid levels,” he said.

A meeting attendee asked if the findings would warrant prescription of statin medication for patients with migraine with aura. “Enough is now published from population-based science that we can try, but I wouldn’t say statins are medications to treat migraine at this

VITALS

Major Finding: Patients with migraine with aura had sixfold greater odds of being in the highest tertile for total cholesterol than did patients without headache after adjustment for confounding variables.

Data Source: Cross-sectional study of 1,155 participants in the EVA study.

Disclosures: Dr. Kurth reported that did not have any relevant disclosures.

point,” Dr. Kurth replied.

The large, population-based nature of the study was a strength, Dr. Kurth said.

Headache assessment by neurologists via a telephone interview is a possible weakness, he added. ■



Not an actual patient

IMPORTANT SAFETY INFORMATION

- Contraindicated in conditions that preclude anticholinergic therapy (e.g., glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis)
- Contraindicated in patients taking solid oral dosage forms of potassium chloride. The passage of potassium chloride tablets through the GI tract may be arrested or delayed with coadministration of Cuvposa
- Constipation or intestinal pseudo-obstruction: Constipation is a common dose-limiting adverse reaction and may lead to discontinuation of Cuvposa. May present as abdominal distention, pain, nausea, or vomiting. Assess patients for constipation, particularly within 4-5 days of initial dosing or after a dose increase.
- Incomplete mechanical intestinal obstruction: Diarrhea may be an early symptom, especially in patients with ileostomy or colostomy. If obstruction is suspected, discontinue Cuvposa.
- Avoid high ambient temperatures. Heat prostration (fever and heat stroke due to decreased sweating) can occur with use of anticholinergic drugs such as Cuvposa.
- Cuvposa may cause drowsiness or blurred vision, do not engage in age appropriate activities requiring mental alertness such as operating a motor vehicle or other machinery or performing hazardous work while taking Cuvposa.

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- Glycopyrrolate reduces GI transit time which may result in altered release of certain drugs when formulated in delayed or controlled-release forms. Cuvposa can increase serum levels of atenolol, mefformin and digoxin (slow dissolution tablets; consider other dosage forms of digoxin). Dose reductions of atenolol or mefformin may be needed.
- Cuvposa may decrease serum levels of haloperidol or levodopa. Consider dose increase of levodopa and monitor haloperidol patients for worsening of schizophrenic symptoms and development of dyskinesia.
- The anticholinergic effects of Cuvposa may be increased with concomitant administration of amantadine, Cuvposa dose reduction should be considered.
- Use with caution in patients with renal impairment.
- The most common adverse reactions (incidence ≥30%) are dry mouth (40%), vomiting (40%) constipation (35%), flushing (30%), and nasal congestion (30%).

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