Topiramate Lowers Peak Severity

Chronic Headache *from page 1*

near-daily headaches for more than 9 years.

The mean number of days per month patients had migraine or "migrainous" headaches declined by 6.41 days in patients randomized to topiramate, compared with 4.67 days in those on placebo, said Dr. Silberstein, director of the Jefferson Headache Center at Thomas Jefferson University Hospital in Philadelphia.

The patients who took 100 mg/day of topiramate for 3 months after a washout period and a 4-week titration phase had strictly defined migraines less often than did those on placebo: 4.1 days versus 5.6 days.

Although total average headache severity was not significantly improved by topiramate, peak severity decreased substantially, suggesting that topiramate reduces the migrainous component of headaches, Dr. Silberstein said.

Topiramate, marketed as Topamax, is Food and Drug Administration approved for the prevention of episodic migraine headaches, defined as those occurring less than 15 days/month. In addition to this pivotal U.S. study, it was the subject of a companion study conducted in Europe that produced similar results in patients with chronic daily headaches, even when those patients suffered from medication overuse headaches.

Dr. Silberstein acknowledged the suggestion by one audience member that the results were "significant but not overly dramatic," but he noted the limitations of any clinical trial with regard to its clinical application.

"It's extremely important to point out that in real life … we'll increase the dose," he said. In his clinic, it is not uncommon for patients with severe, long-standing chronic daily headaches to receive 800 mg to 1 g of topiramate per day.

"I think the ideal trial that we need to do next in a refractory population is, if patients stabilize at 100 mg/day without benefit, [to] double-blind them to higher doses," he said.

The most common side effect seen in both the U.S. and European trials was paresthesia, seen in about 30% of topiramate patients, especially during titration. Adverse events leading to withdrawal from the trial occurred in 11.3% of the topiramate patients and 6.2% of those receiving placebo. Mental confusion was an uncommon adverse effect. There were no serious adverse events in either group.

'It's extremely important to point out that in real life . . . we'll increase the dose' as needed to levels up to 1 g/day.

DR. SILBERSTEIN

Dr. Silberstein disclosed that he receives grant support and serves on the advisory board and as a speaker for Ortho-McNeil Neurologics Inc., makers of topiramate. ■

Visual Symptoms Of Migraine Underestimated

LOS ANGELES — Visual disturbances may be far more common among patients with migraines than previously believed, according to a study presented at the annual scientific meeting of the American Headache Society.

Dr. Abouch V. Krymchantowski and Dr. Marcus V. Adriano of the Headache Center of Rio de Janeiro, Brazil, prospectively queried 100 consecutive patients (90 women and 10 men) with migraine headaches about their visual symptoms, whether or not they believed their symptoms constituted an aura. The patients ranged in age from 17 to 73 (mean age, 36).

Migraine without aura was the most common diagnosis, seen in 74 patients. Another 10 had migraine with aura, while 16 had both types of headache. But nearly half—44 of 100 patients—reported some visual alteration that occurred before or during migraine attacks, far higher than the roughly 10% of migraine patients considered to have visual auras. Symptoms included blurred vision in 31 patients, bright spots in 15, zigzag lines in 7, dark spots in 5, diplopia in 4, transient blindness in 3, and hemianopsia in 2.

Blurred vision, the most common visual disturbance reported, may be commonly overlooked. Dr. Krymchantowski called for more research into visual alterations related to migraines and suggested that visual auras may be too narrowly defined in current headache guidelines.

—Betsy Bates