

MINISTRY OF PUBLIC HEALTH OF UKRAINE  
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# **TOPICAL ISSUES OF NEW DRUGS DEVELOPMENT**

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## **MODERN PHARMACOTHERAPY OF MIGRAINE**

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Migraine is an episodic, often debilitating disorder characterized by attacks of severe headache in association with combinations of neurologic and gastrointestinal symptoms. Migraine most commonly begins during puberty or young adulthood, waxing and waning in frequency and severity over the ensuing years; it often diminishes after age 50.

Pharmacologic agents used for the treatment of migraine can be classified as abortive or prophylactic. Abortive medications include the following: selective serotonin receptor (5-HT<sub>1</sub>) agonists, Ergot alkaloids, Analgesics, NSAIDs, Combination products, Antimemetics. The choice for an individual patient depends on the severity of the attacks, associated symptoms such as nausea and vomiting, comorbid problems, and the patient's treatment response. Simple analgesics alone or in combination with other compounds have provided relief for mild to moderately severe headaches and sometimes even for severe headaches. Acute treatment is most effective when given within 15 minutes of pain onset and when pain is mild. The 2 categories of migraine-specific oral medications are triptans and ergot alkaloids. The specific ergot alkaloids include ergotamine and dihydroergotamine. The specific triptans include the following: Sumatriptan, Rizatriptan, Zolmitriptan, Naratriptan, Almotriptan, Eletriptan, Frovatriptan. All the triptans are most effective when taken early during a migraine and all may be repeated in 2 hours as needed, with a maximum of 2 doses daily. While different formulations of a specific triptan may be used in the same 24-hour period, only 1 triptan may be used during this time frame. Patients with severe headaches need subcutaneous, intravenous, or oral formulations of an ergot alkaloid or triptan. Prophylactic medications for the treatment of migraine include the following: Antiepileptic drugs, Beta-blockers, Tricyclic antidepressants, Calcium channel blockers, Selective serotonin reuptake inhibitors, Serotonin antagonists, Botulinum toxin. The selection of a preventive medication must take into consideration comorbid conditions and the side-effect profile.

Thus, the modern pharmacotherapy of migraine will significantly improve the quality of life of patients.

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