[50.000 Danes are at risk of developing drug-induced headache].

https://arctichealth.org/en/permalink/ahliterature267660

Author: Anne Bülow-Olsen
Source: Ugeskr Laeger. 2013 Aug 19;175(34):1901
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Language: Danish
Publication Type: Article
Keywords: Analgesics - adverse effects - therapeutic use
          Codeine - adverse effects - therapeutic use
          Denmark
          Headache - chemically induced - drug therapy
          Humans
          Migraine Disorders - chemically induced - drug therapy
          Risk
          Tryptamines - adverse effects - therapeutic use

Notes: Comment In: Ugeskr Laeger. 2013 Aug 19;175(34):190126491733
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Dihydroergotamine (DHE) use during gestation and the risk of adverse pregnancy outcomes.

https://arctichealth.org/en/permalink/ahliterature124187

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Language: English

Publication Type: Article

Keywords: Abortion, Spontaneous - epidemiology
Adult
Anti-Inflammatory Agents, Non-Steroidal - adverse effects - therapeutic use
Case-Control Studies
Cohort Studies
Congenital Abnormalities - epidemiology
Dihydroergotamine - adverse effects - therapeutic use
Female
Humans
Incidence
Infant, Newborn
Infant, Premature
Migraine Disorders - drug therapy
Pregnancy
Pregnancy Complications - epidemiology
Pregnancy Outcome - epidemiology
Quebec
Registries
Risk factors
Tryptamines - adverse effects - therapeutic use
Vasoconstrictor Agents - adverse effects - therapeutic use

Abstract: Dihydroergotamine (DHE) is perceived to be associated with a higher risk of adverse pregnancy events, but it has significantly less vasoconstrictive and uterotonic effects compared with ergotamine, and has demonstrated no teratogenic effect in animals. The objectives of this study were to quantify the risk of major congenital malformations (MCMs), prematurity, low birth weight (LBW), and spontaneous abortions (SAs) associated with gestational use of DHE, triptans, and nonsteroidal anti-inflammatory drugs (NSAIDs).

Four independent case-control analyses were conducted within the Quebec Pregnancy Registry: (1) MCM; (2) prematurity

PubMed ID: 22612391 View in PubMed
Errata in "Triptan exposure during pregnancy and the risk of major congenital malformations and adverse pregnancy outcomes: results from the norwegian mother and child cohort study".

https://arctichealth.org/en/permalink/ahliterature121029

Author: Katerina Nezvalová-Henriksen
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Source: Headache. 2012 Sep;52(8):1319-20

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Keywords: Abnormalities, Drug-Induced - epidemiology
        Adult
        Female
        Humans
        Migraine Disorders - drug therapy
        Norway - epidemiology
        Pregnancy
        Pregnancy Complications - chemically induced - epidemiology
        Prenatal Exposure Delayed Effects - chemically induced - epidemiology
        Tryptamines - adverse effects - therapeutic use

Notes: ErratumFor: Headache. 2010 Apr;50(4):563-75201339

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Prednisolone does not reduce withdrawal headache: a randomized, double-blind study.

https://arctichealth.org/en/permalink/ahliterature77826

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Publication Type: Article
INTRODUCTION: Medication overuse headache is a condition where abrupt drug withdrawal is considered the treatment of choice. OBJECTIVE: To study whether prednisolone given orally the first 6 days after medication withdrawal reduces headache intensity during the same period. METHODS: From August 2003 through November 2005, we included patients aged 18 to 70 years with probable medication overuse headache. The study was randomized, double-blind, and placebo controlled. The patients were hospitalized for 3 days to start medication withdrawal. They were randomly assigned to receive prednisolone 60 mg on days 1 and 2, 40 mg on days 3 and 4, and 20 mg on days 5 and 6 (Group A) or placebo tablets for 6 days (Group B). Headache intensity was recorded in a diary for a month before withdrawal (baseline) and throughout the study period of 28 days. The primary endpoint was a calculated mean headache (MH), based on number of days with headache and mean intensity the first 6 days after withdrawal. RESULTS: We included 26 men and 74 women. Sixty-five had migraine, 13 had tension-type headache, and 22 had both migraine and tension-type headache. Baseline headache days were 25.4 (CI 24.3 to 26.4). Baseline MH was 1.6 (CI 1.41 to 1.69). Fifty-one received Regimen A, and 49 received Regimen B. Baseline features were similar. During the first 6 days after withdrawal, headache was similar in Groups A and B (MH 1.48 [CI 1.28 to 1.68] vs 1.61 [CI 1.41 to 1.82], p = 0.34). CONCLUSION: Prednisolone has no effect on withdrawal headache in unselected patients with chronic daily headache and medication overuse.
Triptans are commonly used to treat migraine headaches, but data on the long-term safety of these medications during pregnancy are sparse. Triptans have a biologically plausible mechanism for effects on the fetal brain through binding to 5-HT1-receptors, and previous studies show increased risks of externalising behaviour problems in toddlers exposed to triptans during pregnancy.

We included 3784 children in the Norwegian Mother and Child Cohort Study, whose mothers returned the 5-year-questionnaire and reported a history of migraine or triptan use; 353 (9.3%) mothers reported use of triptans during pregnancy, 1509 (39.9%) reported migraine during pregnancy but no triptan use, and 1922 (50.8%) had migraine prior to pregnancy only. We used linear and log-binomial models with inverse probability weights to examine the association between prenatal triptan exposure and internalising and externalising behaviour, communication, and temperament in 5-year-old children.

Triptan-exposed children scored higher on the sociability trait than unexposed children of mothers with migraine ($\beta$ 1.66, 95% confidence interval [0.30, 3.02]). We found no other differences in temperament, or increased risk of behaviour or communication problems.

Contrary to results from previous studies in younger children, we found no increased risk of externalising behaviour problems in 5-year-old children exposed to triptans in fetal life. Triptan-exposed children did have slightly more sociable temperaments, but the clinical meaning of this finding is uncertain.