

Treatment of Sinus Headache as Migraine: The Diagnostic Utility of Triptans

Kari E, DelGaudio JM. Laryngoscope
2008;118:2235-39.



Results

- N= 55
- F= 37 (67%) M=18 (33%)
- Median age= 39y
- 41 (73%) patients enrolled met IHS criteria for migraine



Results

- 38 patients completed study
 - Almost a third of enrolled patients did not follow-up
 - Significant resistance to accepting a diagnosis of migraine
 - Patients have often spent years being told, often by their physicians, that their headaches are sinus-related



Results

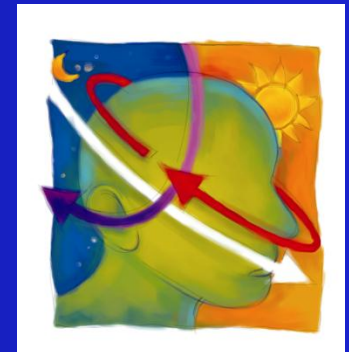
	Number of Patients (%)
>50% Reduction in Headache with triptan use	31 (81.6%)
25-50% Reduction in Headache with triptan use	1 (2.6%)
No Response with triptan use	3 (7.9%)
Significant Reduction in Headache with migraine-directed therapy, lifestyle or diet changes	3 (7.9%)



Support for Triptans in treatment of “Sinus Headache”

Sinus Headache =Migraine

- Ishkanian (2007)
 - 216 patients
 - sumatriptan v. placebo: significant reduction in headache 69% v. 43% @ 2hrs, 76% v. 49% @ 4hrs
- Cady and Schreiber (2002)
 - 47 patients
 - 66% of patients reported significant relief with sumatriptan
- Both trials used a single dose, and a single agent



Conclusions

- Importance of Otolaryngologist to recognize migraine in the evaluation of “sinus headache”
- Triptans provide a simple diagnostic aid in determining if “sinus headache” is migraine



Conclusions

- Cranial autonomic symptoms frequently present in migraine headache
 - Nasal congestion, rhinorrhea, lacrimation, eyelid edema
- Sinus Headache is likely migraine or a migraine variant in many cases
 - Frequently responds to triptans (migraine specific medication)
- What is the role of Contact points?
 - Trigger for migraine?
 - Cause of headache?
 - **Need to decide for yourself**