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

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

<table>
<thead>
<tr>
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<th>Number of Patients (%)</th>
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<tbody>
<tr>
<td><strong>&gt;50% Reduction in Headache with triptan use</strong></td>
<td>31 (81.6%)</td>
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<tr>
<td><strong>25-50% Reduction in Headache with triptan use</strong></td>
<td>1 (2.6%)</td>
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<tr>
<td><strong>No Response with triptan use</strong></td>
<td>3 (7.9%)</td>
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<tr>
<td><strong>Significant Reduction in Headache with migraine-directed therapy, lifestyle or diet changes</strong></td>
<td>3 (7.9%)</td>
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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