

## Sumatriptan Fast-Disintegrating/ Rapid-Release Tablets

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When patients use an acute migraine treatment, they want rapid and complete relief. In classic clinical trials using triptans for acute migraine treatment, freedom of pain after 2 hours was only achieved in about 30% of patients.<sup>[1]</sup> In these trials, patients were instructed to withhold treatment until headache intensity was moderate to severe. This approach ensured that only headaches fulfilling the International Headache Society criteria for migraine were treated.

Most experts agree that migraine patients may achieve better results when they use a triptan 'early', i.e. as soon as possible after migraine onset and when headache is still mild. However, some questions remain. For example, can we feel confident to instruct all our migraine patients to use triptans early? And are new formulations such as sumatriptan fast-disintegrating/rapid release (FDT/RRT) tablets helpful in delivering the drug faster than conventional tablets, resulting in greater effectiveness?

Pain-free data from both early and late intervention studies with sumatriptan FDT/RRT tablets compare favourably with data from classic (late-intervention) studies with standard sumatriptan tablets. This might be explained in part by more rapid bioavailability of the FDT/RRT tablets during a migraine attack. However, direct clinical comparisons between the two formulations of sumatriptan tablets are not available.

The main drawback for instructing patients to treat their migraines early might be the risk of triptan misuse or overuse. Clinicians should warn patients not to use triptans for >10 days a month. It is possible that in those patients with a history of medication overuse, those with very frequent migraine attacks and those who have trouble differentiating migraine from tension-type headache, instructions for early treatment may facilitate the development of chronic headache with triptan overuse. Furthermore, not all migraines are similar in their speed of progression, and early and mild treatment strategies may yield different results. Further studies are needed to address these issues. ▲

## Reference

1. Ferrari MD, Roon KI, Lipton RB, et al. Oral triptans (serotonin 5-HT<sub>1B/1D</sub>) agonists) in acute migraine treatment: a meta-analysis of 53 trials. *Lancet* 2001 Nov 17; 358 (9294): 1668-75