

Sumatriptan Fast-Disintegrating/ Rapid-Release Tablets

A Viewpoint by Andrew J. Dowson

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Evidence-based guidelines for migraine management recommend that all patients should take acute medications to treat attacks as they occur, irrespective of any preventive medications taken.^[1,2] While single analgesics and analgesic-combination medications can be effective, especially for mild to moderate intensity attacks, the triptans have proved to be the gold standard acute medications over the past decade or so. They are effective when taken at any point in the attack after establishment of the headache, and for any headache severity.^[3] Despite this, recent research has shown that the oral triptans may be most effective when taken early in the migraine attack, when the headache is mild in intensity.^[4] All seven oral triptans have been demonstrated to be effective and well tolerated in randomised, controlled clinical studies (grade A evidence).^[3]

A problem with oral therapy is that migraine attacks are associated with gastric stasis, which can reduce the absorption of medications and hence reduce their effectiveness.^[5] Metoclopramide (and also domperidone) is sometimes added to analgesic medications to improve absorption to normal concentrations.^[6] Such an approach has not been used with the oral triptans. Indeed, triptans seem to prolong gastric emptying time, potentially exacerbating gastric stasis.^[7] The observed inconsistency of response to oral triptans may in part be put down to this mechanism.^[8]

The sumatriptan fast-disintegrating/rapid-release (FDT/RRT) formulation was developed to enhance tablet disintegration and drug dispersion, and potentially improve absorption and efficacy. The studies described in this article demonstrate that the FDT/RRT tablets are bioequivalent with conventional sumatriptan tablets^[9] and may disintegrate and be absorbed faster.^[10] Controlled clinical studies where single attacks were treated demonstrated that sumatriptan FDT/RRT was effective and well tolerated when used early in the attack^[11] or after the attack

was established.^[12] Headache relief and pain-free rates compared favourably with studies using conventional tablets.^[3]

However, some caution needs to be applied to the interpretation of these data. We have no data on the consistency of response to sumatriptan FDT/RRT in multiple-attack studies, which is key to the evaluation of oral triptans. In addition, comparative studies with sumatriptan FDT/RRT and conventional tablets are required to directly compare the two formulations. Oral triptans are notoriously variable in terms of active treatment and placebo response and it is not appropriate to compare data from separate studies.^[3]

Despite these caveats, sumatriptan FDT/RRT tablets are a welcome addition to the physician's armamentarium of acute treatments for migraine. They may be especially suitable for use in patients who suffer from gastric problems associated with migraine. I look forward to further studies that define the position in therapy of this promising treatment. ▲

References

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