Sumatriptan and daily headache

Frequent use of ergotamine and simple analgesics is well recognised as a cause of chronic headache syndromes induced by drugs or drug withdrawal. Sumatriptan, a new and highly effective antimigraine drug, seemed not to produce this unpleasant side effect, as shown by long term studies. Nevertheless, evidence of sumatriptan misuse and daily chronic headache have been reported recently. Another 10 similar cases have been published in abstract form. The discrepancy between drug trials and clinical evidence may be due to the type of patients considered. In fact, eight of the 18 patients who used sumatriptan daily switched from misuse of analgesics or ergotamine misuse to sumatriptan. 10 (none of whom were migraineurs with a previous history of analgesic overuse) developed sumatriptan induced daily headache de novo. This kind of patient is not usually included in drug trials but is often found in clinical practice.

Sumatriptan has been reported to induce repeated recurrence of migraine attacks that respond to further doses of the drug. It may be that a similar mechanism occurs in drug induced migraine-like headache. In our opinion only one dose per week of sumatriptan should be prescribed to patients with either previous or current daily headaches.

More reports of daily headache induced de novo by sumatriptan are needed to determine whether or not this new drug can transform migraine into chronic daily headache, as is already well documented for ergotamine and analgesics.

Correspondence to: Dr T Catari.


Cavanagh replies:
Having read Wu’s reply to my earlier critic- ism I still think that this case should not be regarded as anything more than “suspected triphenyltin intoxication”. There are too many uncertainties for the conclusions to be anything more than tentative. One of a major uncertainty is the remarkably slow though sustained evo- lution of the signs of change in the nervous system. While ataxia and blurred vision were noted when last seen they were not noted two weeks before he slipped into semicoma in November and he lay in coma virtually until the beginning of February. Signs of peripheral neuropathy developed two months after admission and progressed for several months more. The pat- tern of the neuropathy suggested an axonal mechanism whereas the electrophysiology gave evidence of myelin loss. Another uncer- tainty is the dose the subject absorbed, which is unknown, nor do we have any blood concentrations. Although it might seem from the reports that animal studies support the suggestion that triphenyltin can be neurotoxic, when such studies are unac- companied by thorough morphological work interpretation is always very difficult and experience strongly suggests that these should be taken with the proverbial pinch of salt, especially when they have not been con- firmed by others.
Triphenyltin compounds are widely used in the field and are generally considered to be free of serious neurological side effects, unlike trimethyl and triethyl compounds each of which produces its own pattern of affected cell types. On available evidence it is to be doubted whether there will be any future occasion when the claim of Wu and his colleagues will be supported, but should this happen I am content that this discussion and my initial reservations will be quoted.
J P CAVANAGH

NOTICES

Stanley Foundation Research Awards Program Announcement of available research funds for research on schizophrenia and bipolar disorder

The Theodore and Vada Stanley Foundation, in collaboration with the National Alliance for the Mentally Ill, wel- come applications for the 1996 Stanley Foundation Research Awards Program. The purpose of the awards is to support research directly related to the causes or treatment of schizophrenia and bipolar disorder.

The research awards are intended to attract established scientists from other areas of biology and medicine (for example, bio- chemistry, immunology, virology, and neuro- nology) into research on schizophrenia and bipolar disorder as well as to provide sup- port for innovative research by scientists already in the field whose funding sources are limited. Applicants are invited from all stages of career development.

Awards are for one or two years. They may be up to $75,000 per year for studies involving human subjects and up to $50,000 per year for other studies. Funds may be used for salaries, supplies, and equipment, but it is the policy of the Stanley Foundation not to pay indirect costs for administration of the award. In 1995, 49 applications were funded out of a total of 220 received.

Deadline for receipt of applications is 1 March 1996. The 4 page application con- sists of a brief research proposal, a budget, and a list of current and pending sources of funding. Notification of awards is made in June and funding to award recipients begins in August.

The research award applications are reviewed by a professional selection commit- tee.

Requests for applications and questions should be directed to: Research Awards Coordinator, Stanley Foundation Research Awards Program, c/o NAMI, 200 North Glebe Road, Suite 1015, Arlington, VA 22203-3754, USA. Tel (703) 524-7600; fax (703) 524-9094

Sixth Meeting of the European Neurological Society June 8-12 1996

Netherlands Congress Centre, The Hague, The Netherlands

Administrative Secretariat ENS 1996, c/o AKM Congress Service, PO Box, 4009, Basel, Switzerland, Tel +41 61 691 51 11, Fax: +41 691 81 89.

British Neurosurgery Research Group Meeting together with the North American Research Society of Neurological Surgeons, 1996.

This joint meeting will be held in Newcastle upon Tyne, 23-25 May 1996.

For further information contact: Professor A David Mendelow, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne NE4 6BE, UK.

World Federation of Neurosurgical Societies Awards to young neurosurgeons.

The World Federation of Neurosurgical Societies will give five awards to young neu- rosurgeons for the best papers submitted for presentation at the XI International Congress of Neurological Surgery to be held in Amsterdam, Netherlands 6-11 July 1997. This will be open to neurosurgeons born after 31 December 1961. Each award will consist of an honorarium of US $1500, a certificate for the Congress. The papers will be judged by a committee and must contain

CORRECTIONS


The reference to Osborne et al should be BMJ 1994;308:113.


In table 2 (bottom line) the mean R2 index (range) in the third EMG subclass should be 31 (28-37).