

The O.U.C.H. Newsletter

September 2007



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IMPORTANT NOTICE

This newsletter is written by Cluster Headache sufferers and supporters for other sufferers and supporters. The staff and contributors are not medical professionals. No information given here is meant to replace medical advice from your doctor or diagnose any condition. See your doctor before attempting any treatment changes. None of the treatments mentioned in this issue are endorsed by OUCH or any medical professional. OUCH does not officially endorse any advertiser and is not responsible for the content of any website advertised.



Organization for Understanding
Cluster Headaches

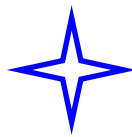
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O.U.C.H. News

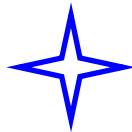
The OUCH Board of Directors is reviewing site bids for the 2008 OUCH Convention and hopes to announce the location by the end of September. Please check the OUCH News page at:

<http://www.ouch-us.org/ouchnews.htm>

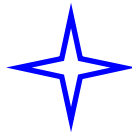
or the Member News section of the OUCH Business Board. (registration required for access)



OUCH announces that, due to personal commitments, Bill Mitchell has resigned from the Board of Directors. We thank Bill for his service and wish him well in all his future endeavors.



OUCH also announces that Rori Lockman has decided to step down as Convention Committee Chairperson. OUCH would like to thank Rori for her dedication and all the hard work she put into making the conventions well run, memorable and special events.



OUCH Family Services Team

Linda, Jackie, Cathi and Svonn want to remind you that they are there for you whether you need help finding information or just need someone to talk to. They can be contacted via e-mail at familyservices@ouch-us.org or online at:

<http://www.ouch-us.org/familysvs/familysvs1.shtml>

Announcements



Welcome to our New Members!

The past month saw **31** new members join our ranks.

Florida - 1	Washington - 1	Virginia - 2
Arizona - 1	South Carolina - 1	Brazil - 1
Pennsylvania - 3	Texas - 2	Italy - 1
California - 2	Massecheusetts - 1	India - 1
Vermont - 1	Connecticut - 1	Canada - 5
Illinois - 2	Kansas - 1	England - 1
Georgia - 1	Colorado - 1	Australia - 1

Welcome to you all, we hope you find the newsletter informative and helpful. If there is anything you can offer OUCH and you can spare any time we are always keen to have new people's talents to draw from.

If you would like to be put in touch with other sufferers in your state please let us know and we will do our best to get you together!

A warm welcome from the Newsletter Team!

THE O.U.C.H. STORE IS OPEN!



[HTTP://WWW.OUCH-US.ORG/OUCHSTORE.HTM](http://www.ouch-us.org/ouchstore.htm)

Treatment News

New Study Recommends EKG Monitoring of Cluster Headache Patients Taking Verapamil

A study published August 14, 2007 in "Neurology" reveals electrocardiographic abnormalities in cluster headache patients who take Verapamil as a preventative.. The following abstract can be found on the National Library of Medicine website: <http://www.ncbi.nlm.nih.gov/sites/entrez>. It can also be found on the Neurology website here: <http://www.neurology.org/cgi/content/abstract/69/7/668>. The full text version can be purchased here: <http://www.neurology.org/cgi/content/full/69/7/668>

Neurology. 2007 Aug 14;69(7):668-75.

Electrocardiographic abnormalities in patients with cluster headache on verapamil therapy.

Cohen AS, Matharu MS, Goadsby PJ.
Headache Group, Institute of Neurology, The National Hospital for Neurology and Neurosurgery, Queen Square, London, UK.

BACKGROUND: High dose verapamil is an increasingly common preventive treatment in cluster headache (CH). Side effects include atrioventricular block and bradycardia, although their incidence in this population is not clear.

METHOD: This audit study assessed the incidence of arrhythmias on high dose verapamil in patients with cluster headache.

RESULTS: Of three hundred sixty-nine patients with cluster headache, 217 outpatients (175 men) received verapamil, starting at 240 mg daily and increasing by 80 mg every 2 weeks with a check electrocardiogram (EKG), until the CH was suppressed, side effects intervened, or to a maximum daily dose of 960 mg. One patient had 1,200 mg/day. Eighty-nine patients (41%) had no EKGs. One hundred eight had EKGs in the hospital notes, and a further 20 had EKGs done elsewhere. Twenty-one of 108 patients (19%) had arrhythmias. Thirteen (12%) had first-degree heart block (PR > 0.2 s), at 240 to 960 mg/day, with one requiring a permanent pacemaker. Four patients had junctional rhythm, and one had second-degree heart block. Four patients had right bundle branch block. There was bradycardia (HR < 60 bpm) in 39 patients (36%), but verapamil was stopped in only 4 patients. In eight patients the PR interval was lengthened, but not to >0.2 s. The incidence of arrhythmias on verapamil in this patient group is 19%, and bradycardia 36%.

CONCLUSION: We therefore strongly recommend EKG monitoring in all patients with cluster headache on verapamil, to observe for the potential development of atrioventricular block and symptomatic bradycardia.

PMID: 17698788

Treatment News

Zolmitriptan Nasal Spray Effective as a Cluster Headache Abortive

A newly released study in “Neurology” confirms what many cluster headache sufferers already know - Zolmitriptan (Zomig) nasal spray works to abort cluster headaches. The following abstract can be found at the National Library of Medicine website: <http://www.ncbi.nlm.nih.gov/sites/entrez> and on the “Neurology website at: <http://www.neurology.org/cgi/content/abstract/69/9/821>. The full text of the article can be purchased here: <http://www.neurology.org/cgi/content/full/69/9/821>

Neurology. 2007 Aug 28;69(9):821-6.

Zolmitriptan nasal spray in the acute treatment of cluster headache: a double-blind study.

Rapoport AM, Mathew NT, Silberstein SD, Dodick D, Tepper SJ, Sheftell FD, Bigal ME.

Department of Neurology, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA.
alanrapoport@gmail.com

OBJECTIVE: To evaluate the efficacy and tolerability of zolmitriptan 5 mg and 10 mg nasal spray (ZNS) vs placebo in the acute treatment of cluster headache.

Design/ METHODS: We conducted a multicenter, double-blind, randomized, three-period crossover study using ZNS 5 mg, ZNS 10 mg, and placebo. Headache intensity was rated by a 5-point scale: none, mild, moderate, severe, or very severe. The primary efficacy measure was headache response (pain reduced from moderate, severe, or very severe at baseline, to mild or none) at 30 minutes. Logistic regression was used to account for treatment period effect as well as for cluster headache subtype effect.

RESULTS: A total of 52 adult patients treated 151 attacks. For the primary endpoint, both doses reached significance at 30 minutes (placebo = 30%, ZNS 5 mg = 50%, ZNS 10 mg = 63.3%). For headache relief, ZNS 10 mg separated from placebo at 10 minutes (24.5% vs 10%). Zolmitriptan 5 mg separated from placebo at 20 minutes (38.5% vs 20%). For pain-free status, ZNS 10 mg was superior to placebo at 15 minutes (22.0% vs 6%). Both doses had higher pain-free rates than placebo at 30 minutes (placebo = 20%, ZNS 5 mg = 38.5%, ZNS 10 mg = 46.9%). Side effects were mild and seen in 16% of those attacks treated with placebo, 25% of attacks treated with ZNS 5 mg, and 32.7% treated with ZNS 10 mg.

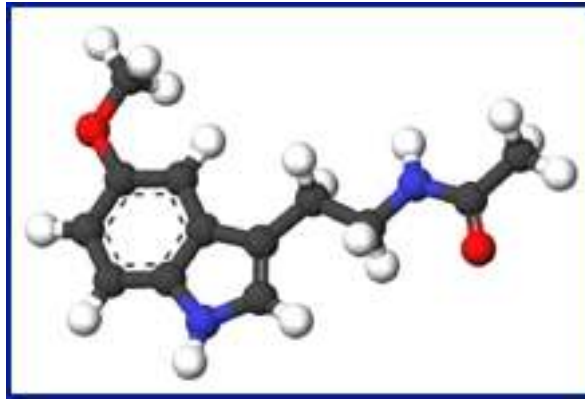
Conclusions/Relevance: Zolmitriptan nasal spray, at doses of 5 and 10 mg, is effective and tolerable for the acute treatment of cluster headache.

PMID: 17724283

Melatonin: A Primer

By Patricia Keller

This is the second of a two-part look at melatonin. Melatonin has become a frequent target of scientific and commercial interest in recent years. As its possible benefit to cluster headache sufferers becomes known, it may be useful to take a general look at the wide range of interest and claims being made about it. In part one, which can be found in the July, 2007 OUCH Newsletter, a general description of melatonin was discussed including how it is synthesized within the body. Also discussed was the different forms of non-prescription melatonin supplements currently available in the U.S. and many other countries.



Besides melatonin's benefit to some cluster headache sufferers, it has been studied for a wide variety of other medical issues. Smaller studies on melatonin have been done for conditions from sleep issues such as jet lag and insomnia to its possible effect on Alzheimer's disease, cancer treatment, psychological disorders, HIV, and many others. A study published in November of 2006 looked at the use of melatonin for ALS patients. It suggested that high-dose melatonin is suitable for clinical trials aimed at neuroprotection through antioxidation in ALS. [1] A promising study for gastro esophageal reflux disease was performed because melatonin has known inhibitory activities on gastric acid secretion and nitric oxide biosynthesis. When melatonin was combined with a group of other supplements and compared with omeprazole, there was a significant positive result with the melatonin with no significant side effects. [2] Because of its antioxidant properties, melatonin is getting a lot of attention for possible use in strengthening the immune system. Melatonin's immunoenhancing properties was discussed and confirmed in a study which strongly suggested our immune systems also have melatonin receptors, but there hasn't been enough work done in this area to show the mechanism of this function. [3] Melatonin in combination with cancer treatments is showing some promising results. A number of studies showed that patients who used melatonin supplements had consistently better chemotherapeutic responses, significantly fewer side effects, and significantly higher survival rates overall compared to patients who did not use melatonin. Some of the cancers included in these data include lung, colorectal, and breast. A notable study was performed to assess the 5-year survival results in metastatic non-small cell lung cancer patients who combined melatonin with their chemotherapy regimen. The study suggested the possibility to improve the efficacy of chemotherapy in terms of both survival and quality of life by a concomitant administration of melatonin. [4] It should be noted that in many of the studies mentioned here, the melatonin administered to the subjects was of a pure pharmaceutical grade and in therapeutic level doses.

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Along with the increased attention by medical research, commercial interests have jumped on the bandwagon. Two pharmaceutical companies have recently brought melatonin related products to market for sleep issues. In the EU, Neurim Pharmaceuticals Ltd. has received approval for their product Circadin 2 mg (prolonged-release melatonin) as monotherapy for the short-term treatment of primary insomnia. In the United States and elsewhere, Takeda Pharmaceuticals North America is aggressively marketing Rozerem (ramelteon) for insomnia, particularly for delayed sleep onset. Ramelteon is a melatonin receptor agonist, and it is thought to promote more normal sleep patterns by restoring maintenance of the circadian rhythm. It is the first in a new class of sleep agents that selectively binds to the melatonin receptors in the suprachiasmatic nucleus (SCN), versus binding to GABA-A receptors, such as with drugs like zolpidem, eszopiclone, and zaleplon. Unlike earlier classes of sleep agents, ramelteon has not been shown to produce dependence and so far has demonstrated no potential for abuse. No published studies have indicated whether ramelteon is more or less safe or effective than melatonin supplements which are widely available in the U.S. in a less expensive non-prescription form. Commercial interest in melatonin has also spread to the “natural” supplement and cosmetic industries. It is not unusual to find melatonin included in the ingredient lists of numerous products from miraculous anti-ageing pills to wrinkle creams.

There are reported risks involved in the use of melatonin. Based on available studies and clinical use, melatonin is generally regarded as safe in recommended doses for short-term use. Available trials report that overall adverse effects are not significantly more common with melatonin than placebo. However, case reports raise concerns about risks of blood clotting abnormalities (particularly in patients taking warfarin), increased risk of seizure, and disorientation with overdose, including increased risk of seizure in children with severe neurological disorders. Melatonin supplementation should be avoided in women who are pregnant or attempting to become pregnant, based on possible hormonal effects. Commonly reported adverse effects include fatigue, dizziness, headache, irritability, and sleepiness, although these effects may occur due to jet-lag and not to melatonin itself. Fatigue may particularly occur with morning use or high doses, and irregular sleep-wake cycles may occur. Disorientation, confusion, sleepwalking, vivid dreams and nightmares have also been noted, with effects often resolving after cessation of melatonin. Due to risk of daytime sleepiness, those driving or operating heavy machinery should take caution. [5]

In conclusion, melatonin has been used successfully to help alleviate circadian rhythm imbalances, including imbalances in some cluster headache sufferers. While its use for these issues is becoming more widely accepted, research has a long way to go before its benefits can be applied to all the areas of health care that are trying to lay claim to melatonin’s possible uses. Most clinical research has used pharmaceutical grade melatonin in higher doses than can be obtained in over the counter supplements. As with any new supplement or prescription regimen, always consult your healthcare provider first to make certain that you will not be incurring adverse interactions with other drugs you may be taking.

References:

1. <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1600-079X.2006.00377.x?prevSearch=>
2. <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1600-079X.2006.00359.x>
3. http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=11899099&dopt=AbstractPlus
4. <http://www.blackwell-synergy.com/doi/abs/10.1034/j.1600-079X.2003.00032.x>
5. <http://www.nlm.nih.gov/medlineplus/druginfo/natural/patient-melatonin.html>

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CH Nights
by Pat O'Brien

