

Many migraine sufferers given narcotic painkillers, barbiturates

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These are a poor choice, especially for children, doctors say.

(HealthDay)—Many people with migraines, including children, get ineffective and potentially addictive drugs for their pain, two new studies suggest.

In one, researchers found that more than half of adults with migraines had been prescribed a narcotic painkiller, such as OxyContin and Vicodin. A similar number had been given a barbiturate. This group of sedatives includes the drug butalbital, which is in certain combination medications for severe headaches.

In the other study, 16 percent of children and teenagers with migraines had been prescribed a narcotic painkiller.

The problem, experts said, is that narcotics and barbiturates are considered last-resort, "rescue" drugs for migraines that won't subside. Both drug classes are potentially addictive, can cause withdrawal symptoms, and may make migraines worse in the long run.

"These findings are upsetting," said Dr. Lawrence Newman, president of the American Headache

Society and director of the Headache Institute at Mount Sinai Roosevelt in New York City.

In his experience, he said, once adults finally seek help at a headache center, they've often been prescribed [narcotic painkillers](#).

"Most often, it's an ER doctor who prescribes them," said Newman, who was not involved in either study. "But primary care doctors also do it."

However, Newman found it "shocking" that children were commonly given narcotic painkillers, too.

Guidelines from several medical societies say that narcotics and barbiturates should not be "first-line" treatments for [migraine](#), said Dr. Mia Minen, who led the study of adult migraine patients.

"They should be reserved as a last resort, if other medications fail," said Minen, director of headache services at NYU Langone Medical Center in New York City.

She said people with migraines should first try general painkillers—such as naproxen (Aleve), acetaminophen (Tylenol) and ibuprofen (Advil, Motrin)—or "migraine-specific" medications called triptans. These include sumatriptan (Imitrex) and rizatriptan (Maxalt).

But even though guidelines exist, doctors who do not specialize in headache treatment may be unaware of them, said Minen. She was scheduled to present her findings this week at the American Headache Society's annual meeting, in Washington, D.C.

"It may also be a lack of experience with using triptans," she said. "ER doctors are used to [narcotics], and are probably more comfortable with them."

Newman was more blunt. "My guess is, some

doctors are taking the easy way out," he said. "To use a triptan, you have to diagnose someone with migraine."

Migraines are intense headaches that typically cause throbbing pain on one side of the head along with sensitivity to light and sound, and sometimes nausea and vomiting. They're common, affecting an estimated 36 million Americans, according to the U.S. National Institutes of Health.

For the study, Minen surveyed 218 adults seen at a single headache center, most of whom were eventually diagnosed with migraine. Almost 56 percent said they'd ever been prescribed a narcotic painkiller for their headaches, while 57 percent had been given a barbiturate-containing drug. Many currently took at least one of those medications.

Most often, an ER doctor had prescribed the narcotic painkiller, though primary care doctors were close behind. When it came to barbiturates, general neurologists were the most common prescribers, the investigators found.

The second study, also scheduled for presentation at the headache meeting, combed through electronic records for more than 21,000 U.S. children and teens who'd been to an ER or doctor's office for headache.

Overall, 16 percent were prescribed a narcotic painkiller—with the odds higher if a child was diagnosed with migraine or suspected migraine, versus no formal diagnosis.

Emergency room doctors and other specialists were twice as likely to prescribe a narcotic painkiller (opiate), compared with primary care doctors, the findings showed.

The findings are worrisome, said lead researcher Robert Nicholson—partly because repeated opiate use can lead to more-frequent, or even chronic, migraines.

It's not clear why some doctors were prescribing them to kids, said Nicholson, of Mercy Clinic Headache Center in St. Louis.

It was less common in [primary care](#) offices, he noted. "Although it may not be a viable option in every situation," Nicholson said, "I would encourage parents to have their kids' migraines taken care of by a health care team with whom they can establish an ongoing relationship."

Minen stressed that the first step in getting the right treatment is to get the right diagnosis.

There are non-drug options for easing migraines, too, Minen said. People often have certain "triggers" for their migraines, including lack of sleep or too much sleep, certain foods or, for women, hormonal changes during the menstrual cycle. So avoiding triggers is a big part of migraine management.

These experts agreed that if a doctor does prescribe a narcotic or barbiturate for headache, you should feel free to ask whether that's the best choice.

Data and conclusions presented at meetings are usually considered preliminary until published in a peer-reviewed medical journal.

More information: The American Board of Internal Medicine has more on [treating migraines](#).

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