

CLINICAL CORRESPONDENCE

Sumatriptan overdose in episodic cluster headache: a case report of overuse without event

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Case report

A 36-year-old, otherwise healthy, Turkish white male received a total of 66 injections of subcutaneous sumatriptan 6 mg for the treatment of acute attacks of episodic cluster headaches over a 4-week period. He had suffered cluster headaches for over 15 years and recently his clusters recurred about every 2 years and lasted 8–10 weeks. This is his second episode treated solely with sumatriptan due to development of resistance to many other treatment modalities, including methysergide, steroids and high flow oxygen. One hundred per cent of attacks resolved within 10 min of treatment. He administered sumatriptan six times within a 24-h period on four different occasions, far higher than the recommended interval in the drug insert, and yet had no adverse events observed either clinically or in blood counts or serum chemistries, including renal and hepatic function tests. Brief duration of local paresthesias and malaise were the only side-effects observed.

Discussion

Although case reports of higher than recommended dosing of sumatriptan have been reported earlier (1), four occasions of 36 mg/24 h within a 10-day period is new information. Also the observation that sumatriptan

use changes the nature of cluster headaches reported recently as a case report (2) is not observed in this patient. Gaist studied sumatriptan use in Denmark and reported that high-peak users (more than 60 times over a month) had a 33% response rate (3), similar findings also being confirmed by Ottervanger et al. in the Netherlands (4). These findings are contradicted with this case. It is likely that, at least in otherwise healthy individuals, a much higher than the recommended twice within 24 h maximum dosage rate of sumatriptan can be administered safely without compromising efficacy.

References

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- 3 Gaist D. Use and overuse of sumatriptan. *Pharmacoepidemiological studies based on prescription register and interview data. Cephalalgia* 1999; 19:735–61.
- 4 Ottervanger JP, Valkenburg HA, Grobbee DE, Stricker BH. Patterns of sumatriptan use and overuse in general practice. *Eur J Clin Pharmacol* 1996; 50:353–5.