frovatriptan group than in the placebo group, as was the pain-free rate at 2 hours, 4 hours (40.7% versus 23.0%; p=0.006), and 6 hours (56.1% versus 34.0%; p=0.002). The median time to a headache response was significantly shorter in the frovatriptan group than in the placebo group (2 hours versus 3.5 hours; p<0.001).(204) Abortive medication use was more common in the placebo group (p=0.005).

Rizatriptan

An RCT by Cady et al. (2009) evaluated the effects of rizatriptan.(205) Of the patients (n=207) enrolled in the trial, 91% experienced an acute episode of migraine that was treated. Outcomes favored rizatriptan compared with placebo for reported pain freedom at 2 hours (66.3% versus 28.1%; p<0.001), for an NNT of 2.6, and 24-hour sustained pain freedom (52.2% versus 17.7%; p<0.001) for an NNT of 2.9. A greater proportion of patients in the rizatriptan plus education group reported pain freedom at 2 hours compared with those in the rizatriptan plus no education group (71.7% versus 60.9%; p=0.430).

Sumatriptan (Oral) and Eletriptan

A Cochrane review by Derry et al. (2012a) included 61 studies (n=37,250) that compared oral sumatriptan with placebo or an active comparator.(206) Most of the trials were for sumatriptan 50 mg and 100 mg doses. Sumatriptan surpassed placebo for all efficacy outcomes. For sumatriptan 50 mg versus placebo, the NNTs were 6.1, 7.5, and 4.0 for pain freedom at 2 hours and headache relief at 1 and 2 hours, respectively.(206) The NNTs for sustained pain freedom and sustained headache relief during the 24 hours post-dose were 9.5 and 6.0, respectively. For sumatriptan 100 mg versus placebo, the NNTs were 4.7, 6.8, 3.5, 6.5, and 5.2, respectively, for the same outcomes. Results for the 25 mg dose were similar to the results for the 50 mg dose, although sumatriptan 100 mg was significantly better than 50 mg for pain-free and headache relief at 2 hours and for sustained pain-free relief for 24 hours. Treating early (i.e., during the mild pain phase) gave significantly better NNTs for pain-free relief at 2 hours and sustained pain-free relief for 24 hours compared with treating established episodes or those with moderate or severe pain intensity. Relief of associated symptoms, including nausea, photophobia, and phonophobia, was greater with sumatriptan than with placebo. The use of abortive medication was lower with sumatriptan than with placebo. Several studies included an active comparator arm to sumatriptan. Comparing sumatriptan 50 mg to eletriptan (40 mg and 80 mg) demonstrated an NNT of 9.7 in favor of eletriptan. Increasing, the dose of sumatriptan to 100 mg resulted in NNTs of 11 (eletriptan 40 mg) and 6.4 (eletriptan 80 mg) in favor of eletriptan.

Adverse events were transient and mild; however, higher doses of sumatriptan were associated with more AEs.(206) Individual AEs were reported inconsistently among studies. Most studies reported only the most commonly occurring AEs; for example, those occurring in greater than 3% of participants in any of the treatment arms, although others used different terms to describe the same or similar events. Reported AEs