included malaise, fatigue, asthenia, dizziness, and vertigo at lower doses (25–100 mg), but with increased risk at a dose of 100 mg compared with 25 mg. Higher doses of sumatriptan (100–300 mg) were associated with an increased rate of disturbance in taste perversion (i.e., metallic taste in the mouth), nausea, vomiting, or both, and chest pain symptoms.

Sumatriptan (Subcutaneous)

A Cochrane review by Derry et al. (2012b) incorporated 35 studies (n=9,365) comparing subcutaneous sumatriptan with placebo or an active comparator.(207) Most of the data represented the sumatriptan 6 mg dose. Sumatriptan surpassed placebo for all efficacy outcomes including pain freedom at 1 and 2 hours, headache relief at 1 and 2 hours, and sustained pain freedom at 24 hours. The 4 mg and 8 mg dose results were similar to the 6 mg dose results. Sumatriptan was compared directly with several other active treatments, but insufficient data existed to draw a firm conclusion related to comparative efficacy.

Subcutaneous sumatriptan (6 mg) resulted in pain reduction from moderate or severe to no pain by 2 hours in 59% participants compared with 15% taking placebo and pain reduction from moderate or severe to no worse than mild pain by 2 hours in 79% taking sumatriptan compared with 31% taking placebo.(207) Subcutaneous sumatriptan can be used in patients who need rapid administration, have vomiting, or both.

Sixteen studies (n=11,599) provided data on sumatriptan of any dose versus active comparators.(207) Comparing sumatriptan to other triptan agents, zolmitriptan (all doses) demonstrated an AE incidence of 0.23% in comparison with sumatriptan (25 mg, 50 mg) at 0.51%; the overall incidence was 0% for sumatriptan (100 mg) and 0.12% for all doses of rizatriptan (5–40 mg).

Common side effects of subcutaneous sumatriptan include an injection-site reaction, chest pressure or heaviness, flushing, weakness, drowsiness, dizziness, malaise, feeling of warmth, and paresthesia. Most of these reactions occur soon after the injection and resolve spontaneously within 30 minutes. The proportion of participants experiencing AEs within 24 hours with sumatriptan 6 mg was 44% versus 24% for placebo.(207)

Sumatriptan and Naproxen Combination

A Cochrane review by Law et al. (2016) included 13 studies using sumatriptan 85 mg or 50 mg plus naproxen 500 mg to treat migraine episodes of mild, moderate, or severe pain intensity.(208) Twelve studies contributed data for analyses, which included participants who received combination treatment (n=3,663), placebo (n=3,682), sumatriptan (n=964), and naproxen (n=982). The combination of sumatriptan plus naproxen was better than placebo for relieving acute migraine episode in adults. The best efficacy of the combination was demonstrated in patients with a mild intensity migraine at the onset (statistically significant, $p<0.0001$). Using an outcome of pain