evidence to recommend for or against verapamil for the prevention of episodic or chronic cluster headache.

g. Cluster Headache – Abortive

Recommendation

31. We suggest subcutaneous sumatriptan (6 mg) or intranasal zolmitriptan (10 mg) for the acute treatment of cluster headache.
(Weak for | Reviewed, New-replaced)

Discussion

Law et al. (2013) conducted an SR to assess the efficacy and tolerability of triptan medications compared with placebo in the acute treatment of episodic and chronic cluster headache in adults.(252) This SR included three studies comparing sumatriptan to placebo and three studies comparing zolmitriptan to placebo. Pain freedom at 15 minutes was assessed by two zolmitriptan (intranasal 5 mg and 10 mg) versus placebo studies (n=340) and two sumatriptan (subcutaneous 6 mg) versus placebo studies (n=258). Intranasal zolmitriptan 5 mg showed no difference from placebo for pain freedom at 15 minutes. Intranasal zolmitriptan 10 mg and subcutaneous sumatriptan 6 mg did show a statistically significant difference versus placebo, with NNTs of 11 and 3.3, respectively. For pain freedom at 30 minutes, two zolmitriptan (intranasal 5 mg and 10 mg) studies (n=340) were assessed in the SR.(252) Both doses showed a statistically significant difference from placebo with NNTs of 6.9 and 3.3 for 5 mg and 10 mg doses, respectively. Albeit from limited data in this single SR, subcutaneous sumatriptan 6 mg was found to be superior to intranasal zolmitriptan 10 mg.(252) Subcutaneous sumatriptan 12 mg as well as all intranasal sumatriptan doses were not assessed for effect size in the SR because of limited evidence; however, these formulations offer a similar expected pharmacokinetic profile as the studied subcutaneous sumatriptan and intranasal zolmitriptan formulations.(253, 254)

Reported AEs included local reaction paresthesia (the most common), sweating, feeling of heaviness, somnolence, nausea and vomiting, injection-site reaction (e.g., pain, swelling, burning, erythema, tingling), neurologic symptoms (e.g., dizziness, tiredness, numbness of hands, tingling, feeling of paralysis in the face, cold and hot sensations), bad taste, discomfort of nasal cavity, and pain or tightness in the throat, chest, or neck.(252) Adverse events were more common with a triptan versus placebo but were generally mild or moderate in severity.

Patient preferences vary little regarding the acute treatment of cluster headache. Despite intranasal and subcutaneous administration methods typically being less preferred than oral medications, patients with cluster headaches have less variability in acceptance of these alternative administration methods because the preference for rapid pain freedom is much stronger. Triptans are readily available, have more than 20 years of safety and efficacy literature, and can be prescribed and monitored in the