

EPISODIC CLUSTER HEADACHE: HIGH EFFICACY OF THE COMBINED THERAPY WITH HIGH-DOSE INTRAMUSCULAR METHYLPREDNISOLONE AND HIGH DOSES OF VERAPAMIL ON STOPPING SINGLE CLUSTERS

A. Terrin[1], C. Disco[2], M. Bellamio[1], F. Mainardi[3], F. Maggioni[4], G. Zanchin[4]

[1]Dipartimento Di Scienze Neurologiche, Centro Cefalee dell'Angelo, UOC Di Neurologia, Ospedale Dell'Angelo AULSS 3 Serenissima, Venice Mestre, Italy; [2]Dipartimento di Scienze Neurologiche, Centro Cefalee dell'Ospedale Ca' Foncello, UOC di Neurologia, AULSS2 Treviso, Italy; [3]UOC di Neurologia, Ospedale SS Giovanni e Paolo, AULSS 3 Serenissima, Venice, Italy; [4]Padua University Medical School, Italy

Background. Following our previous study on combined therapy of high-dose intravenous methylprednisolone (MP) and high-dose oral verapamil (V) in Episodic Cluster Headache (ECH), here we report the results of combined treatment with high-dose intramuscular MP and high-dose oral V.

Methods. A series of 19 patients, 17 male and 2 female (50.4±17.2 years) affected by ECH was followed during 26 active cluster periods (CP). Patients were recruited within 2 weeks from the beginning and more than a month before the expected spontaneous end of CP. Patients received 120 mg intramuscular MP daily for 4 days, then 80 mg/day for 3 days, then 40 mg/day for 3 days; concomitantly, oral V was started or incremented 40 mg daily up to 320-400 mg/day; a subsequent titration up to 520 mg/day has been recommended in selected cases.

Results. A complete resolution of CP was documented in 21/26 (81%) cases: 18/26 (69%) CP stopped within the first days from the start of MP/V administration; other 3/26 (12%) CP ended during the first month without any V increment; 5/26 (19%) CP failed to achieve complete resolution at one month. Among these, a 50% reduction of frequency and intensity of attacks was obtained with V escalation up to 560 mg/day, whereas the duration of the CP was comparable to previous ones.When stratified according to the initial V dose (<400 vs ≥400 mg/day, 11 vs 15 CP), complete response at one month was observed in 5/11 CP (45%) and in 10/15 CP (67%) respectively, suggesting a trend toward higher efficacy with higher V starting doses.

Conclusions. In our previous study the combination of high-dose intravenous MP and of oral V proved crucial in the stopping of CP, with a higher rate of positive results than those reported in the literature either with the combination of low doses of MP and V, or with a high-dose MP or V administered alone. In this preliminary study, the combination of high-dose intramuscular MP and oral V revealed similar efficacy to the combination of high-dose intravenous MP and of oral V, with the advantage of avoiding Day Hospital admission.