

Verapamil treatment regime for cluster headache

General principles

Verapamil is used to prevent cluster attacks from occurring. It is also sometimes used in heart disorders or high blood pressure Clinically significant heart rhythm disturbances can occur and are neither dose nor time dependent. Careful monitoring is therefore necessary.

Introduction to the use of verapamil in cluster headache

The aim of this leaflet is to provide brief overview on the use of verapamil in cluster headache. It is not intended as a substitute for the 'patient information' leaflet supplied with the tablets, which provides more a comprehensive overview and should always be read before taking medication. While this treatment option has placebo control data and has been recommended in international guidelines for headache it does not have a specific licence for a headache condition Other useful sources of information include:

- https://www.medicines.org.uk/emc/
 - https://www.nhs.uk/medicines/

It is important to ensure that any new medication does not cause a significant interaction with any others that may be taken.

What dose should be taken?

The doses required to suppress cluster headache attacks can be higher than those used to treat heart disorders. Increase the dose only if advised by your General Practitioner or Neurologist.

Continue increasing the dose until it is effective at suppressing the cluster attacks or the maximum dose of 960 mg daily is reached (assuming the medication is tolerated). If you start to get any side effects, vour General Practitioner or Neuroloaist know



Morning Midday Evening

Arrange to have an ECG performed – if the ECG is normal then: For 2 weeks take 80 mg 80 mg 160 mg

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BASH recommends an ECG done at baseline and following each increase in dose. At a stable dose ECG should be done once every six months. Any cardiac rhythm disturbance may require dose reduction or drug withdrawal365.

In episodic cluster headache, once control has been achieved, towards the end of the expected bout, the preventive can be slowly withdrawn. If attacks recur the preventive should be re-established.

How long should I take Verapamil?

In episodic cluster headache, once control has been achieved, towards the end of the expected bout, the preventive can be slowly withdrawn (we advise discussion with a medical/nursing/pharmacist advisor). If attacks recur the preventive should be re-established.



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Does verapamil have any side effects?

The most common side effect is constipation. Other side effects include abnormal heart beat, slowing of the heart rate, flushing of the face or neck, feeling or being sick, abdominal pain or discomfort, dizziness, vertigo, tinnitus (ringing or buzzing in the ears), tiredness, tremor, movement disorders, muscle weakness, aches and pains in the joints and/or muscles, skin rash or itching, a tingling or prickling feeling on the skin, swollen gums, numbness and hair loss. Impotence may occur rarely. Rarely breasts may start to produce milk (males and females- reversed on cessation of treatment)

It is particularly important to tell your doctor if you develop feelings of light headedness, dizziness or develop palpitations.

Who cannot take verapamil?

Situations when verapamil should not be taken include acute porphrias, atrial flutter or fibrillation associated with accessory conducting pathways (e.g. Wolff-Parkinson-White-syndrome); bradycardia; cardiogenic shock; history of heart failure (even if controlled by therapy); history of significantly impaired left ventricular heart function (even if controlled by therapy); hypotension; second- and third-degree AV block; sick sinus syndrome; sino-atrial block.

Pregnancy and breast-feeding:

Verapamil is not recommended if you are pregnant, planning a pregnancy of are breast feeding. Women of child-bearing age should take adequate contraceptive precautions.

The best use of medicines in pregnancy (BUMPS) website may also be a useful reference <u>http://www.medicinesinpregnancy.org/Medicine--</u> <u>pregnancy/</u>

