Website: https://bash.org.uk
Email: info@bash.org.uk

Verapamil for cluster headache

Verapamil is a medication used to help prevent cluster headache. You need to take it every day. It is not licensed for use in cluster headache. Sometimes a medicine is used "off-label". This means it is not officially licensed for this condition, but there is good evidence that it is safe and effective. Verapamil is widely used by headache specialists and supported by clinical evidence.

Before starting verapamil:

Your prescriber will consider several factors before prescribing verapamil to make sure it's safe and suitable for you.

Please tell your prescriber if you have:

- Heart problems (even if controlled by therapy), such as abnormal heart rhythm, sick sinus syndrome, Wolff-Parkinson-White syndrome and heart failure
- Low blood pressure or slow heart rate
- Kidney or liver problems
- Acute porphyrias

You should not eat grapefruit while taking verapamil, as it can increase the level of the medication in your body and raise the risk of side effects.

How to take verapamil:

You will usually start on a low dose of verapamil, which will be gradually increased. This helps your body adjust and reduces the chance of side effects.

The schedule below is a guide, but your prescriber may change it to suit your individual needs.

Verapamil can affect heart rhythm and blood pressure therefore:

- You must have an ECG and blood pressure check before starting treatment
- You will need an ECG and blood pressure check before every dose increase

We recommend using the standard immediate-release tablets and not modified-release.

Your prescriber will advise you on your starting dose.

	Morning	Midday	Evening
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**80mg**	**80mg**	**80mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**120mg**	**80mg**	**120mg**
Arrange to have an ECG performed + BP check - if normal then:			

This leaflet reflects a consensus of current clinical practice as agreed by the British Association for the Study of Headache (BASH) Council. It is intended to provide information to support clinical decision-making and does not constitute prescriptive guidance that must be followed in all cases. Clinicians should continue to exercise their own professional judgement and tailor management to the individual. The content reflects the collective experience of headache specialists across the UK, whose contributions are gratefully acknowledged, and recognises the ongoing evolution of best practice. This leaflet should be read in conjunction with the Summary of Product Characteristics and the patient information leaflet provided with all medication.

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For 14 days take:	**160mg**	**120mg**	**120mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**160mg**	**160mg**	**160mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**240mg**	**160mg**	**160mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**240mg**	**160mg**	**240mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**240mg**	**240mg**	**240mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**240mg**	**240mg**	**320mg**
Arrange to have an ECG performed + BP check - if normal then:			
For 14 days take:	**320mg**	**240mg**	**320mg**
Arrange to have an ECG performed + BP check - if normal then:			
Thereafter take:	**320mg**	**320mg**	**320mg**
Then arrange to have an ECG and BP check every six months			

Your prescriber may advise you to increase verapamil more quickly depending on your response.

How long to take verapamil:

You should continue to increase verapamil as per the regime above until your headache attacks resolve or you are unable to tolerate the side effects.

If you experience side effects that are difficult to manage, contact your prescriber to discuss your dose.

Do not stop taking verapamil suddenly, as your pain may return or worsen and you may feel unwell. Speak to your prescriber about how to reduce the dose safely.

Your prescriber or GP will review your treatment regularly. If it is effective and you are cluster headache-free for at least two weeks, you should discuss with your prescriber reducing and discontinuing verapamil by following the schedule above in reverse. If you have chronic cluster headache, longer-term treatment may be advised.

Possible side effects of verapamil:

Some people get side effects. These usually get better as your body gets used to the medication.

Please read the information leaflet that comes with your medication for more details. This is not a full list of side effects, but the most common ones are:

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- constipation
- abdominal pain
- tiredness, light-headedness and dizziness
- feeling sick (nausea)
- swollen ankles
- swollen gums (gingival hypertrophy)
- low blood pressure
- slow heart rate
- abnormal rhythm of the heart

If you feel tired or dizzy do not drive a car, ride a bike, or use tools or machinery.

Pregnancy and breastfeeding:

Verapamil is not thought to increase the risk of harm to your baby when used during pregnancy.

Verapamil can pass into breast milk, but the amount is thought to be low, and it has been considered compatible with breastfeeding by the American Academy of Paediatrics. It is usually only recommended when the benefits to the mother outweigh any potential risks. Most of the available information is for doses up to 360 mg per day. If you are taking higher doses, your prescriber may advise you to avoid breastfeeding.

If you are pregnant, planning a pregnancy, or breastfeeding, speak to your doctor, prescriber or pharmacist before taking verapamil.

For more information, see: Best Use of Medicine in Pregnancy (BUMPS)
https://www.medicinesinpregnancy.org/