

Melatonin in Hemicrania Continua: a cohort of 56 patients

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INTRODUCTION

- Hemicrania continua is an uncommon primary headache disorder with absolute response to the therapeutic dose of indomethacin (1).
- Some patients cannot continue indomethacin due to their intolerance to its side effects.
- Melatonin, a pineal hormone, which shares similar chemical structure to indomethacin has been reported to have some efficacy for hemicrania continua in previous case reports and series (2).

CONCLUSION

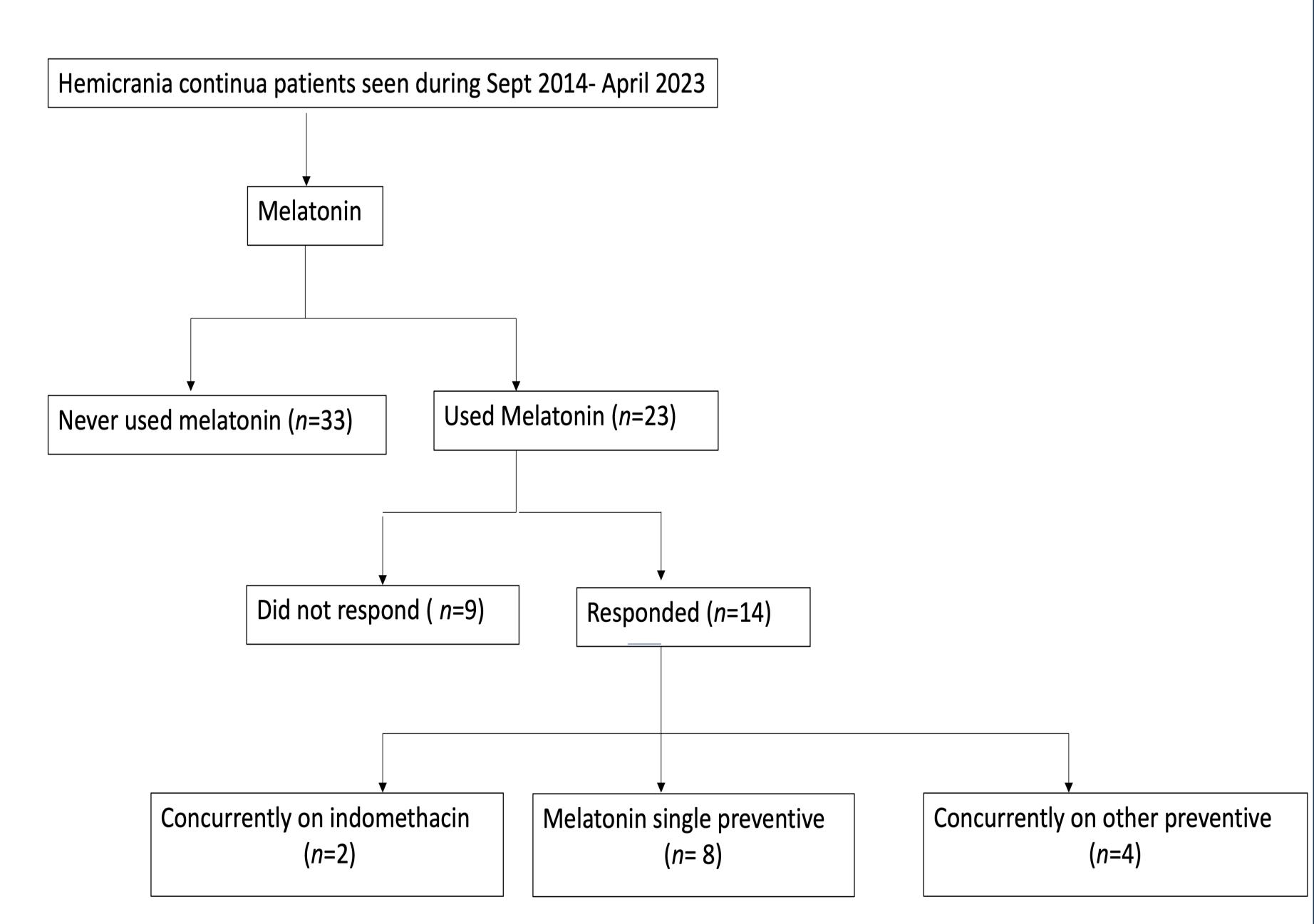
- Melatonin showed some efficacy in the treatment of hemicrania continua with a well-tolerated side effect profile.
- At the doses used, melatonin does not have the same absolute responsiveness as indomethacin.
- Melatonin offers a well-tolerated option that can having significant ameliorating effects in a substantial cohort of patients.

AIM METHOD

 To describe the clinical use of melatonin in patients of hemicrania continua as an adjunctive preventive treatment. Audit of patient data extracted from routinely collected clinical records in consecutive patients with hemicrania continua seen in King's College Hospital from September 2014 to April 2023.

RESULTS

- Fifty-six patients were included with mean age 52 (± 16, SD) years; 43 of 56 (77%) patients were female.
- All patients were diagnosed with hemicrania continua according to the ICHD-3 beta.
- Melatonin was taken by 23 (41%) patients.
- Fifteen (65%) patients had a positive intramuscular indomethacin test, while the remaining 8 (35%) showed a positive response to an oral indomethacin trial.
- The daily dose of indomethacin ranged from 75 mg to 225 mg.
- Commonly reported side effects of indomethacin included nausea, stomach discomfort and peptic ulcer.
- Fourteen (61%) patients reported some positive relief for headache, while the remaining 9 (39%) patients reported no headache preventive effect.
- None of the patient reported they were completely pain free with melatonin treatment.
- Two patients continued indomethacin and melatonin concurrently for better symptom relief.
- Eight patients stopped indomethacin and continued melatonin as the single preventive treatment.



- Doses of melatonin ranged from 0.5mg to 21mg.
- Side effects from melatonin were rare: sleepiness (n=1), worsening of headache (n=2).
- One patient stopped melatonin to become pregnant.

REFERENCES

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