**Which triptan for which patient?**

1. Triptan response is idiosyncratic, impossible to predict which triptan will work in which patient
2. Triptans are all different, with different speeds of action, half lives, efficacy, tolerability and consistency between attacks
3. All tablets and melt in the mouth triptans are gastrically absorbed
4. The only parenteral triptans are s.c sumatriptan and zolmitriptan nasal is 30% nasally absorbed
5. Eletriptan has a clinically useful dose response curve
6. Frovatriptan has the longest half life
7. Studies show that between 10-50% of patients vomit with their migraine and 10% will vomit early in the attack
8. SIGN headache guidelines recommend almotriptan, rizatriptan and eletriptan 40 mg as first choice triptans
9. Scottish 18 week pathways suggest sumatriptan, almotriptan, rizatriptan and eletriptan as first choice triptans.

**Oral triptans comparison v 100mg sumatriptan (taken from SIGN)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Initial 2 hr relief** | **Sustained pain free** | **Consistency** | **Tolerability** |
| Sumatriptan 50 mg | = | = | =/- | = |
| Zolmitriptan 2.5 mg | = | = | = | = |
| Zolmitriptan 5 mg | = | = | = | = |
| Naratriptan 2.5 mg | - | - | - | ++ |
| Rizatriptan 10 mg | + | + | +(+) | = |
| Eletriptan 40 mg | =/+ | =/+ | = | = |
| Eletriptan 80 mg | +(+) | + | = | - |
| Almotriptan 12.5 mg | = | + | + | ++ |