ZOLMitraptan (zole-mi-trip-tan)
Zomig, Zomig-ZMT
Classification
Therapeutic: vascular headache suppressants
Pharmakologic: 5-HT; agonists
Pregnancy Category: C

Indications
Acute treatment of migraine headache.

Action
Acts as an agonist at specific 5-HT1 receptor sites in intracranial blood vessels and sensory trigeminal nerves.

Therapeutic Effects:
Cranial vessel vasoconstriction with resultant decrease in migraine headache.

Pharmacokinetics
Absorption: Well absorbed (40%) following oral and intranasal administration.

Distribution: Unknown.

Metabolism and Excretion: Mostly metabolized by the liver; some conversion to metabolites that are more active than zolmitriptan. 8% excreted unchanged in urine.

Half-life: 3 hr (for zolmitriptan and active metabolite).

TIME/ACTION PROFILE (relief of headache)
ROUTE ONSET PEAK DURATION
PO unknown 1.5 hr* unknown
Intranasal unknown 3 hr unknown
*3 hr for orally disintegrating tablets

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Significant underlying heart disease (including ischemic heart disease, history of MI, coronary artery vasospasm, uncontrolled hypertension); Stroke or transient ischemic attack; Peripheral vascular disease (including, but not limited to ischemic bowel disease); Concurrent (or within 24 hr) use of other 5-HT agonists, ergotamine, or ergot-type medications; Concurrent (or within 2 wk) use of MAO inhibitors; Hemiplegic or basilar migraine; Symptomatic Wolff-Parkinson-White syndrome or other arrhythmia; Moderate-severe hepatic impairment (oral tablets only).

Use Cautiously in:
Cardiovascular risk factors (hypertension, hypercholesterolemia, cigarette smoking, obesity, diabetes, strong family history, menopausal females 40 yr [use only if cardiovascular status has been evaluated and determined to be safe and if close to administration under supervision]); Hepatic impairment (use lower doses of oral); OB, Lactation, Pedi: Safety not established.

Adverse Reactions/Side Effects
CNS: dizziness, drowsiness, vertigo, weakness.
EENT: throat pain/tightness/pressure.
CV: MI, angina, chest pain/pressure/tightness/heaviness, hypertension, palpitations.
GI: dry mouth, dyspepsia, dysphagia, nausea.
Derm: sweating, warm/cold sensation.
MS: myalgia, myasthenia.
Neuro: hypesthesia, paresthesia.
Misc: feeling of heaviness, pain.

Interactions
Drug-Drug: Because of risk of cerebral vasospasm, avoid concurrent use of other 5-HT agonists (naratriptan, sumatriptan, rizatriptan) and/or ergot-type preparations (dihydroergotamine). Concurrent use of MAO inhibitors flora blood levels and risk of toxicity (avoid use within 2 wk of MAO inhibitors). Blood levels may be increased by hormonal contraceptives. Concomitant use of SSRIs or SNRIs and serotonin reuptake inhibitors (eg, citalopram) may increase risk of serotonin syndrome.

Drug-Natural Products: Risk of serotonergic side effects including serotonin syndrome with St. John’s wort and SAMe.

Route/Dosage
PO (Adults): 1.25–2.5 mg initially; if headache returns, dose may be repeated after 2 hr (not to exceed 10 mg/24 hr); Concurrent cimetidine therapy—Single dose not to exceed 2.5 mg (not to exceed 5 mg/24 hr).

Intranasal (Adults): single 2.5-mg dose (maximum single dose = 5 mg); may be repeated after 2 hr (not to exceed 10 mg/24 hr).

Hepatic Impairment
PO (Adults): Moderate-severe hepatic impairment (oral tablets only)—1.25 mg initially; if headache returns, dose may be repeated after 2 hr (not to exceed 5 mg/24 hr).

Intranasal (Adults): single 2.5-mg dose (maximum single dose = 5 mg); may be repeated after 2 hr (not to exceed 10 mg/24 hr).

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NURSING IMPLICATIONS

Assessment

- Assess pain location, intensity, duration, and associated symptoms (photophobia, phonophobia, nausea, vomiting) during migraine attack.

- Monitor for serotonin syndrome in patients taking SSRIs or SNRIs concurrently with zolmitriptan.

Potential Nursing Diagnoses

Acute pain (Indications)

Implementation

- Do not confuse zolmitriptan with sumatriptan.

- PO: Initial dose is 2.5 mg; lower doses can be achieved by breaking 2.5-mg tablets.

- Orally disintegrating tablets should be kept in the package until use. Remove from the blister pack with dry hands and place tablet on tongue. Do not become sterile; disintegrating table- let. Tablets will dissolve rapidly and be swallowed with saliva. No liquid is needed to take the orally disintegrating tablet.

- Intranasal: Remove cap from nasal spray. Hold upright and block one nostril. Tilt head slightly back, insert device into opposite nostril, and depress plunger. May repeat in 2 hr.

Patient/Family Teaching

- Inform patient that zolmitriptan should be used only during a migraine attack. It is meant to be used to relieve migraine attack but not to prevent or reduce the number of attacks.

- Instruct patient to administer zolmitriptan as soon as symptoms appear, but it may be administered any time during an attack. If migraine symptoms return, a 2nd dose may be used. Allow at least 2 hr between doses, and do not use more than 10 mg in any 24-hr period.

- If dose does not relieve headache, additional zolmitriptan doses are not likely to be effective; consult health care professional.

- Advise patient not to drive or operate hazardous machinery until response to medication is known.

- Advise patient to notify health care professional prior to next dose of zolmitriptan if pain or tightness in the chest occurs during use. If pain is severe or does not subside, notify health care professional immediately.

- If wheezing, heart throbbing, swelling of eyelids, face, or lips, skin rash, skin bumps, or hives occur, notify health care professional immediately and do not take more zolmitriptan without approval of health care professional. If feelings of tingling, heat, flushing, heaviness, pressure, dizziness, drowsiness, tiredness, or sickness develop, discuss with health care professional at next visit.

- Advise patient to avoid alcohol, which aggravates headaches, during zolmitriptan use.

- Advise patient that excessive use (more than 10 days/month) may lead to exacerbations of headaches (migraine-like daily headaches, or a marked increase in frequency of migraine attacks). May require gradual withdrawal of zolmitriptan and treatment of symptoms (treatment of headaches).

- Advise patient to notify health care professional immediately if signs of serotonin syndrome occur (neurological changes: agitation, hallucinations, coma; autonomic instability: tachycardia, labile BP, hyperthermia; neuromuscular aberrations: hyper-reflexia, incoordination; and/or gastrointestinal symptoms: nausea, vomiting, diarrhea) occur.

- Caution patient not to use zolmitriptan if pregnancy is planned or suspected or if breastfeeding. Adequate contraception should be used during therapy.

Evaluation/Desired Outcomes

- Relief of migraine attack.

Why was this drug prescribed for your patient?