eletriptan (e-le-trip-tan)

**Classification**
Therapeutic: Vascular headache suppressants
Pharmacologic: 5-HT1 agonists

**Pregnancy Category C**

**Indications**
Acute treatment of migraine headache.

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

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

**Pharmacokinetics**
**Absorption:** 50% absorbed after oral administration.
**Distribution:** Enters breast milk.
**Metabolism and Excretion:** Mostly metabolized by the liver via the CYP3A4 enzyme system.
**Half-life:** 4 hr.

**TIME/ACTION PROFILE (decreased migraine pain)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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</thead>
<tbody>
<tr>
<td>PO</td>
<td>within 2 hr</td>
<td>2 hr</td>
<td>up to 24 hr</td>
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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity, Hemiplegic or basilar migraine, Ischemic heart disease or Prinzmetal’s angina, Uncontrolled hypertension, Wolff-Parkinson-White syndrome or other arrhythmias involving conduction pathways, Head or neck irradiation, BBB or neoplasm, stroke, hemiparesis, convulsion, cerebral vascular accident, subdural hematoma, pregnancy, nursing mothers, uncontrolled hypertension, Wolff-Parkinson-White syndrome or other arrhythmias involving conduction pathways, stroke or transient ischemic attack, peripheral vascular disease, severe hepatic impairment, should not be used within 24 hr of other 5-HT1 agonists or ergot-type compounds; use with caution in those with cardiovascular risk factors (hypertension, hypercholesterolemia, coronary atherosclerotic disease, smoking, obesity, diabetes mellitus, strong family history, menopausal women or men > 60 yr); use if cardiovascular status has been evaluated and determined to be safe and if done is administered under supervision.

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, drowsiness, weakness.

**CV:** MI, ventricular fibrillation, ventricular tachycardia, angina, chest tightness/pressure, coronary vasospasm, ECG changes, transient hypertension.

**GI:** Abdominal pain, dry mouth, dysphagia, nausea.

**Neuro:** Paresthesia.

**Misc:** Anaphylaxis.

**Interactions**

**Drug-Drug:** Blood levels and risk of adverse reactions are increased by potent CYP3A4 inhibitors (including ketoconazole, itraconazole, nefazodone, clarithromycin, ritonavir, and nelfinavir); use within 72 hr is contraindicated. Concurrent use (within 24 hr of each other) with ergot-containing drugs (dihydroergotamine) may result in prolonged vasospastic reactions and should be avoided. Serum levels and serotonin levels and serotonin syndrome may occur when used concurrently with SSRI and SNRI antidepressants.

**Route/Dosage**

**PO (Adults):** 20 or 40 mg; may be repeated in 2 hr if initial response is inadequate (not to exceed 80 mg/24 hr or treatment of 3 headaches/mo).

**NURSING IMPLICATIONS**

**Assessment**

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

**Potential Nursing Diagnoses**

Acute pain (Indications)

**Implementation**

- PO: Administer at the first sign of a headache. If after the initial dose, headache improves but then returns, dose may be repeated at least 2 hr after initial dose. If initial dose is ineffective, second dose is unlikely to be effective.
Patient/Family Teaching

- Instruct patient that eletriptan should only be used during a migraine attack. Eletriptan is used for treatment of a migraine attack, not for prevention. Advise patient to read the "Patient Summary of Information" before starting therapy and with each refill in case of changes.

- Instruct patient to take eletriptan at the first sign of a migraine, but may be administered at any time during attack. Allow at least 12 hr between doses and do not use more than 80 mg/day or 3 attacks/mo.

- Caution patient not to take eletriptan within 24 hr of other vascular headache suppressants.

- Advise patient that lying down in a darkened room after eletriptan administration may further help relieve headache.

- Advise patient to notify health care professional if she plans or suspects pregnancy, or if breast feeding.

- Advise patient to notify health care professional if chest pain occurs. If chest pain is severe or does not subside, notify health care professional immediately. If feelings of tingling, heat, flushing, numbness, pressure, drowsiness, dizziness, or weakness develop, discuss with health care provider at next visit.

- May cause drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

- Instruct patient to notify health care professional if she is taking any medications, vitamin, or herbal products being taken and to consult with health care professional before taking other medications.

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

- Advise patient that overuse (use more than 10 days/month) may lead to exacerbation of headache or increase frequency of migraine attacks. May require gradual withdrawal of eletriptan and treatment of symptoms (transient worsening of headache).

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

- Advise patient to notify health care professional if pregnancy is planned or suspected, or if breast feeding.

Evaluation/Desired Outcomes

- Relief of migraine attack.

Why was this drug prescribed for your patient?