Feverfew (fee-vurr fyoo)

**Other Names:**
Shasta, Bachelor's Button, Chrysanthemum parthenium, Feverfew, Featherfew, Featherfoil, Flirtwort, Midsummer Daisy, Pyrethrum parthenium, Santa Maria, Tanacetum parthenium, Wild chamomile, Wild quinine

**Classification:**
Vascular headache suppressants

**Common Uses**
PO: Migraine headache prophylaxis.
Topical: Toothaches and as an antiseptic.

**Action**
The sesquiterpene lactone, parthenolide, may provide feverfew's migraine prophylaxis effects. Feverfew may also have antithrombotic and vasodilatory effects and block prostaglandin synthesis. **Therapeutic Effects:** May reduce the symptoms and frequency of migraine headaches.

**Pharmacokinetics**
Absorption: Unknown.
Distribution: Unknown.
Metabolism and Excretion: Unknown.
Half-life: Unknown.

**TIME/ACTION PROFILE**
ROUTE ONSET PEAK DURATION
PO 2–4 mo unknown unknown

**Contraindications/Precautions**
Contraindicated in:
OB: Pregnancy and lactation; Feverfew hypersensitivity or allergy to Asteraceae/Compositae family plants, including ragweed, chrysanthemums, daisies and marigolds.

Use Cautiously in:
Use 4 mo (safety and efficacy not established).

**Adverse Reactions/Side Effects**
CNS: "Post-Feverfew Syndrome" (anxiety, headache, insomnia, muscle and joint ache). CV: self-limited use—tachycardia; GI: nausea, vomiting, diarrhea, heartburn, mouth ulceration and soresness (from chewing fresh leaves).

**Interactions**
Natural Product-Drug: Use of feverfew with anticoagulant and antithrombotic drugs, thrombolytics, NSAIDs, some cephalosporins, and sulfinpyrazone may increase risk of bleeding. Concomitant use with NSAIDs may also reduce feverfew effectiveness.

Natural-Natural Products: Use with anise, arnica, chamomile, clove, dong quai, fenugreek, garlic, ginger, ginkgo, licorice and Panax ginseng may increase anticoagulant potential of feverfew.

**Route/Commonly Used Doses**
PO (Adults): 50–100 mg feverfew extract daily (standardized to 0.2–0.35% parthenolide) or 50–125 mg freeze-dried leaf daily with or after food.

**NURSING IMPLICATIONS**
**Assessment**
• Monitor frequency, intensity and duration of migraine headaches prior to and during ongoing therapy.
• Monitor for mouth ulcers or skin ulcerations during therapy.

**Potential Nursing Diagnoses**
Acute pain (Indications)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Implementation**
• Take with food or on a full stomach.

**Patient/Family Teaching**
• Instruct patients to take this medication on a consistent basis to prevent migraine headaches. This herbal supplement is not for treatment of migraines.
• Warn patients about mouth ulcers and sores and if this occurs to seek the advice of a health care professional for proper oral hygiene.
• Advise patients not to abruptly stop this product because of the possibility of post-feverfew syndrome. Tell patients that anxiety, headache, insomnia and muscle aches may indicate withdrawal. Feverfew should be gradually tapered.

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● Review dietary and medication profile of patient to identify potential interactions.

● Instruct patients about other herbs that may interact with feverfew.

● Counsel patients on anticoagulants not to take feverfew except as directed by their health care provider.

● Advise patients to avoid using NSAIDs as this may reduce the effectiveness of feverfew.

● Instruct patients to look for signs of bleeding such as unusual bruising or inability to clot after a cut and to seek the advice of a health care professional if this occurs.

● Inform patients that feverfew should reduce the number of migraines and severity of symptoms but that duration of the migraines may not be affected.

**Evaluation**

● Reduction in the frequency and severity of migraine headaches.

Why was this drug prescribed for your patient?