naratriptan (nar-a-trip-tan)

Usage:

Classification: Vascular headache suppressants
Pharmacologic: 5-HT1 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 (70%) following oral administration.

Distribution: Unknown.

Metabolism and Excretion: 60% excreted unchanged in urine; 30% metabolized by the liver.

Half-life: 6 hours (reduced in renal impairment).

TIME/ACTION PROFILE (migraine pain)

ROUTE ONSET PEAK DURATION
PO 30–60 min 2–3 hr† up to 24 hr
†3–4 hr during migraine attack

Contraindications/Precautions:

Contraindicated in:

- Hypersensitivity; Ischemic heart disease or Prinzmetal's angina; Uncontrolled hypertension; Unrestrained migraine; Severe renal impairment (GFR ≤ 15 mL/min); Severe hepatic impairment; Stroke or transient ischemic attack; Peripheral vascular disease; Severe bowel disease; Severe renal impairment; Severe hepatic impairment. Should not be used within 24 hr of other 5-HT1 agonists or ergot-type compounds.

Use cautiously in:

- Geri: Age-related renal function and likelihood of CAD greatly risk of fatal adverse events.

- OB, Lactation, Pedi: Safety not established.

- Cardiovascular risk factors (hypertension, hypercholesterolemia); cigarette smoking; strong family history, menopausal women; use only if cardiovascular status has been evaluated and determined to be safe and if dose is administered under supervision.

- Exercise extreme caution in: Cardiovascular risk factors (hypertension, hypercholesterolemia, cigarette smoking, strong family history, menopausal women);

Adverse Reactions/Side Effects:

- CNS: Dizziness, drowsiness, malaise/fatigue.

- CV: Coronary artery vasospasm, MI, ventricular fibrillation, ventricular tachycardia, myocardial ischemia.

- GI: Nausea.

- Neuro: Paresthesia.

- Misc: Pain/pressure sensation in throat/neck.

- Drug-Drug: Risk of serotonin syndrome when used with SSRI or SNRI antidepressants. Cigarette smoking increases metabolism of naratriptan. Blood levels and effects are increased by hormonal contraceptives. Avoid concurrent use (within 24 hr of each other) with ergot-containing drugs (dihydroergotamine); may result in prolonged vasospastic reactions. Avoid concurrent (within 2 wk) use with MAO inhibitors; produces systemic exposure and risk of adverse reactions in naratriptan.

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

Route/Dosage:

PO (Adults): 1 or 2.5 mg; dose may be repeated in 4 hr if response is inadequate (not to exceed 5 mg/24 hr or treatment of more than 4 headaches/mo).

NURSING IMPLICATIONS

Assessment:

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

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

Potential Nursing Diagnoses

Acute pain (Indications)

- Gastrointestinal: nausea, vomiting, diaphoresis, sedation, abdominal pain

Other miscellaneous: Discontinued
Implementation

● **PO:** Tablets may be administered at any time after the headache starts. It is normal to be used for relief of migraine attacks but not to prevent or reduce the number of attacks.

● Instruct patient to administer naratriptan as soon as symptoms of a migraine attack appear, but it may be administered any time during an attack. If migraine symptoms return, a 2nd dose may be used. Allow at least 4 hr between doses, and do not use more than 2 tablets in any 24-hr period. Do not use to treat more than 4 headaches per month.

● Advise patient that lying down in a darkened room following naratriptan administration may further help relieve headache.

● Advise patient that overuse (use more than 10 days/month) may lead to exacerbation of headache (migraine-like daily headaches, or an increased frequency of migraine attacks). May require gradual withdrawal of naratriptan and treatment of symptoms (transient worsening of headache).

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

● Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking any other medications. Patients concurrently taking SNRI or SSRI antidepressants should notify health care professional promptly if signs of serotonin syndrome (mental status changes: agitation, hallucinations, coma; autonomic instability: tachycardia, labile BP, hyperthermia; neuromuscular abnormalities: hyperreflexia, incoordination; and/or gastrointestinal symptoms: nausea, vomiting, diarrhea) occur.

● Caution patient not to use naratriptan 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?

● Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking any other medications.