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PRESS RELEASE

METHYSERGIDE

Methysergide was introduced for migraine prophylaxis in 1959[1]. It remains a very important therapy for migraine and cluster headache, particularly where first line treatment fails[2]. The first double blind cross over study in 60 patients showed a 50% responder rate of 58% with a placebo response of 26%[3]. The risk of fibrotic complications mainly retroperitoneal fibrosis has been the main side effect seen in only a minority of patients. In a series of 500 patients, two cases were reported[4] and the risk was cited as 1% in a larger series of 1000 patients[5]. The risk is negligible with use of no more than 6 mg per day and a break of one month following 6 months of treatment[6]. Using this regime not a single case has been reported in the last 50 years.

The availability of other prophylactic agents has seen a reduction in the use of methysergide, although it remains a very effective treatment in those resistant to first line drugs. For some this is the only treatment that has worked in minimising the attacks in migraine and cluster headache. The short term safety is comparable to many other agents and the likely benefits in these patients outweigh the very small long term risk that requires minimal monitoring.

We feel strongly that such an effective drug that has been the lifeline for many intractable migraine and cluster headache sufferers should remain available to neurologists and headache specialists.

References:

1. Sicuteri F. Prophylactic and therapeutic properties of l-methysergic acid butanolamide in migraine: a preliminary report. Int Arch Allergy 1959; 15:300-7.
2. Lance JW, Goadsby PJ. Mechanism and Management of Headache. (7th ed.) New York: Elsevier, 2005.
3. Pedersen E, Moller CE. Methysergide in Migraine Prophylaxis. Clinical Pharmacology and Therapeutics 1966; 7:520-6.
4. Graham JR. Methysergide for the prevention of headache; experience in five hundred patients over three years. New Eng. J. Med. 1964; 270:132-9.
5. Graham JR, Suby HI, LeCompte PR, Sadowsky NL. Fibrotic disorders associated with methysergide therapy for headache. New Eng. J. Med. 1966; 274:360-8.
6. Bana DS, MacNeal PS, LeCompte PM, Shah Y, Graham JR. Cardiac murmurs and endocardial fibrosis associated with methysergide therapy. Am Heart J 1974; 88:640-55.