

Recommendations for use of Dihydroergotamine mesylate (DHE) in Migraine

SUCCESSFUL USES OF DHE

Dihydroergotamine mesylate (DHE) can be used with success in individuals who:

- are experiencing a very severe migraine headache
- are in status migrainosus or have rebound withdrawal type of headaches
- have only received narcotics for their severe headaches
- have not responded to triptans in the past

CONTRAINDICATIONS

- DHE should not be given within 24 hours of administration of triptans (e.g.: sumatriptan, rizatriptan, zolmitriptan, naratriptan, almotriptan, frovatriptan, eletriptan)
- Uncontrolled hypertension (blood pressure > 165/95)
- History of ischemic heart disease
- History of angina
- History of Prinzmetal angina (atypical angina)
- History of peripheral vascular disease
- Pregnancy
- If the patient has chest pain or severe anxiety following the first dose of DHE, do not repeat

PROTOCOL FOR PROTRACTED HEADACHE

1. Metoclopramide 10 mg IV given over 2-3 minutes
 2. Wait approximately 15 minutes
 3. Dihydroergotamine mesylate (DHE) 0.5 mg IV given over 2-3 minutes
 4. Wait up to 60 minutes
 5. If the headache persists, can repeat DHE 0.5 mg over 2-3 minutes
- Patients not uncommonly respond reasonably well to 0.5 mg of DHE and then have the headache recur within 3-4 hours. A full milligram of DHE often provides longer lasting relief.
 - The dose of DHE should not exceed 3 mg in 24 hours
 - Major side effects of DHE include:
 - a) Chest pain
 - b) Nervousness, anxiety
 - c) Nausea, vomiting
 - d) Limb claudication or discomfort.*Dividing a 1 mg dose into 2 doses of 0.5 mg often lessens these side effects.*
 - For patients in whom there is a greater question about the use of DHE (or DHE side-effects), test doses of 0.1 to 0.25 mg may be given and then followed by a repeat dose of 0.25 mg for the subsequent dose and larger doses of DHE up to 1mg may be used later.