

Your Questions Answered

MIGRAINE AND HEART DISEASE:

Do migraines put me at higher risk of heart disease? Will getting treatment lower that risk?



DR. ALAN
RAPOPORT

If you have migraine with aura, recent data shows that you have a slightly greater lifetime risk of having a stroke or heart attack or some form of vascular disease. Symptoms of an aura may include blind spots, flashing or flickering lights, double vision, dizziness, difficulty with speech, numbness in the face, arm, or leg on one or both sides of your body, and increased sensitivity to odors.

Through epidemiological studies, which look at thousands of patients, we can see how many people in a large group have migraine with or without aura, and how many of those have cardiovascular problems. To put it in perspective, the number of people who are actually going to have a stroke or heart attack because of their migraine risk is probably quite small. It might only be four people out of 10,000. But since that is about double the normal risk, we recommend that people who have migraine with aura reduce their risk factors for vascular disease—for example, by maintaining normal blood pressure, taking care of themselves, and by not smoking or taking birth control pills. I usually tell my patients to go to a doctor on a regular basis for heart- and blood-pressure monitoring and weight control, and perhaps to take a low-dose aspirin. There's no absolute proof yet that doing this will lower the risk, but it certainly makes good sense.

Alan Rapaport, M.D., is founder and director-emeritus of the New England Center for Headache in Stamford, CT and clinical professor of neurology at the David Geffen School of Medicine at the University of California-Los Angeles.

SEIZURE DRUGS AND PREGNANCY

I take oxcarbazepine (Trileptal) right now for my seizures, and I am planning on having a child in the near future. Can this drug increase the risk of birth defects?



DR. MARTHA MORRELL

It's terrific that you're asking this question now and that you're planning for the future. Most women with epilepsy must continue to take medications during pregnancy to control their seizures. However, some antiepileptic drugs might increase the risk for birth defects or problems in child development. Several pregnancy registries worldwide are starting to produce information about this risk. (It's very important that women who become pregnant while taking an antiepileptic drug contact their physician so that they can be entered into one of these registries.) We don't yet have information about oxcarbazepine, but we do have information about some of the other commonly used antiepileptic drugs. Valproate (Depakote) may increase the risk for birth defects from a rate of about 2 percent in the general population to as high as 10 percent. An older medication, phenobarbital, may also increase the risk of birth defects, to about 6 percent. Carbamazepine (Tegretol, Carbatrol) and lamotrigine (Lamictal) have not been associated with a higher risk for birth defects, according to information released thus far from the pregnancy registries.

Several strategies will lower your risk. First, make sure you get good prenatal care. Second, take your antiseizure medication at the lowest effective dose. Third, when possible, take a single antiepileptic drug because research suggests taking more than one increases the risk for birth defects. Lastly, take prenatal vitamins that include folic acid, which we believe may protect against some of the birth defects associated with antiepileptic drugs.

Martha Morrell, M.D., is clinical professor of neurology at Stanford University and chief medical officer of NeuroPace, Inc.

TRIGEMINAL NEURALGIA:

Are there drugs to control the unbearable pain of trigeminal neuralgia?



DR. CHARLES
E. ARGOFF
ADVISES:

Several different types of medications provide pain relief, although not all medications are equally effective or well tolerated. Most of the medications are also used for the treatment of epilepsy and are commonly referred to as anti-epileptic medications.

For more than 40 years, studies have shown that carbamazepine (Tegretol) may be effective at reducing the frequency and severity of painful episodes due to trigeminal neuralgia. The downside includes side effects such as bone marrow suppression and liver dysfunction, both of which require careful and ongoing monitoring.

Less rigorously studied has been oxcarbazepine (Trileptal). This medication may be just as good at carbamazepine at reducing the number of pain attacks, but the studies were not placebo-controlled and so it is more difficult to interpret the results. Another drug, lamotrigine, is effective for reducing pain when added to an already established medical regimen for trigeminal neuralgia. In addition, small studies have suggested that other anti-epileptic medications including gabapentin (Neurontin), clonazepam (Klonopin), and valproic acid may have some benefit.

The main thing is to consult with your neurologist to determine the best regimen for you.

Charles E. Argoff, M.D., is director of the Cohn Pain Management Center at the North Shore University Hospital in Long Island, NY and assistant professor of neurology at the New York University School of Medicine in New York City.

PERIPHERAL NEUROPATHY:

How can you tell if your neuropathy is getting worse? Is pain a reliable yardstick? My balance and speech continue to worsen, but I have no pain, just cramps.



DR. P. JAMES B. DYCK

Peripheral neuropathy results from damage to nerves, which can result in pain but doesn't always. In fact, some types of neuropathy are not painful. People also define pain differently. I define pain as anything that is uncomfortable, whereas someone else might consider that same sensation simply "discomfort." Pain also fluctuates naturally; some days it will be worse, other days it will be better, and this doesn't necessarily mean your neuropathy has improved or gotten worse.

In other words, just because the pain gets better, it doesn't mean your neuropathy has improved. In fact, sometimes a decrease in pain can mean your neuropathy is getting worse. Here's an example: It's not uncommon for people with peripheral neuropathy to have short-circuiting, backfiring neurons and axons that are ill and causing pain. Over time, those fibers may undergo degeneration and die, which means the neuropathy is worse because of the loss of more nerve fibers. This may cause increased numbness, but it usually causes the pain to get better. In this scenario, less pain means greater degeneration.

The most reliable symptom to measure whether you are getting better or worse is weakness. If your weakness is getting better, then your neuropathy is getting better. The second most reliable thing to follow is numbness. If you have increased numbness and loss of sensitivity, your neuropathy is probably getting worse.

P. James. B. Dyck, M.D., is co-director of the Peripheral Nerve Laboratory at the Mayo Clinic in Rochester, MN.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS? Send it to neurologynow@lwwny.com