

► BY INTRANASAL ADMINISTRATION

- Child 12–17 years: 5 mg, dose to be administered as soon as possible after onset into one nostril only, followed by 5 mg after at least 2 hours if required, dose to be administered only if migraine recurs; maximum 10 mg per day

Treatment of acute cluster headache

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DOSE ADJUSTMENTS DUE TO INTERACTIONS

- Manufacturer advises max. dose 5 mg in 24 hours with concurrent use of moderate and potent inhibitors of CYP1A2, cimetidine and moclobemide.

DOSE EQUIVALENCE AND CONVERSION

- 1 spray of *Zomig*[®] nasal spray = 5 mg zolmitriptan.

- **UNLICENSED USE** Not licensed for use in children.
- **CONTRA-INDICATIONS** Arrhythmias associated with accessory cardiac conduction pathways · ischaemic heart disease · peripheral vascular disease · previous cerebrovascular accident · transient ischaemic attack · uncontrolled hypertension · vasospasm · Wolff-Parkinson-White syndrome

- **CAUTIONS** Should not be taken within 24 hours of any other 5HT₁-receptor agonist

- **INTERACTIONS** → Appendix 1: zolmitriptan

● **SIDE-EFFECTS****GENERAL SIDE-EFFECTS**

- **Common or very common** Abdominal pain · asthenia · chest discomfort · dizziness · drowsiness · dry mouth · dysphagia · feeling hot · headache · limb discomfort · muscle weakness · nausea · pain · palpitations · sensation abnormal · vomiting
- **Uncommon** Tachycardia · urinary disorders
- **Rare or very rare** Angina pectoris · angioedema · coronary vasospasm · gastrointestinal disorders · gastrointestinal infarction · hypersensitivity · myocardial infarction · splenic infarction · urticaria

SPECIFIC SIDE-EFFECTS

- **Common or very common**
- With intranasal use Feeling abnormal · haemorrhage · myalgia · nasal discomfort · taste altered · throat pain
- With oral use Muscle complaints · sensation of pressure · throat complaints
- **Rare or very rare**
- With oral use Diarrhoea

- **SIDE-EFFECTS, FURTHER INFORMATION** Discontinue if symptoms of heat, heaviness, pressure or tightness (including throat and chest) occur.

- **PREGNANCY** There is limited experience of using 5HT₁-receptor agonists during pregnancy; manufacturers advise that they should be avoided unless the potential benefit outweighs the risk.

- **BREAST FEEDING** Use with caution—present in milk in animal studies.

- **HEPATIC IMPAIRMENT** Manufacturer advises caution in moderate to severe impairment (risk of increased exposure).

- **Dose adjustments** In adults, manufacturer advises maximum 5 mg in 24 hours in moderate to severe impairment.

- **DIRECTIONS FOR ADMINISTRATION** Zolmitriptan orodispersible tablets should be placed on the tongue, allowed to disperse and swallowed.

- **PATIENT AND CARER ADVICE** Patients or carers should be given advice on how to administer zolmitriptan orodispersible tablets.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Spray

- **Zomig** (Grunenthal Ltd)

Zolmitriptan 50 mg per 1 ml Zomig 5mg/0.1ml nasal spray 0.1ml unit dose | 6 unit dose [PoM] £36.50 DT = £36.50

Orodispersible tablet

EXCIPIENTS: May contain Aspartame

- **Zolmitriptan (Non-proprietary)**

Zolmitriptan 2.5 mg Zolmitriptan 2.5mg orodispersible tablets sugar free sugar-free | 6 tablet [PoM] £20.35 DT = £10.54

Zolmitriptan 5 mg Zolmitriptan 5mg orodispersible tablets sugar free sugar-free | 6 tablet [PoM] £20.35 DT = £13.44

- **Zomig Rapimelt** (Grunenthal Ltd)

Zolmitriptan 2.5 mg Zomig Rapimelt 2.5mg orodispersible tablets sugar-free | 6 tablet [PoM] £23.99 DT = £13.54

Zolmitriptan 5 mg Zomig Rapimelt 5mg orodispersible tablets sugar-free | 6 tablet [PoM] £23.94 DT = £13.44

Tablet

- **Zolmitriptan (Non-proprietary)**

Zolmitriptan 2.5 mg Zolmitriptan 2.5mg tablets | 6 tablet [PoM] £19.15 DT = £9.00 | 12 tablet [PoM] £18.00-£32.98

Zolmitriptan 5 mg Zolmitriptan 5mg tablets | 6 tablet [PoM] £3.60 DT = £3.60 | 12 tablet [PoM] £7.20

- **Zomig** (Grunenthal Ltd)

Zolmitriptan 2.5 mg Zomig 2.5mg tablets | 6 tablet [PoM] £23.94 DT = £9.00

5.2 Neuropathic pain

Neuropathic pain

Overview and management

Neuropathic pain, which occurs as a result of damage to neural tissue, includes *compression neuropathies*, *peripheral neuropathies* (e.g. due to Diabetic complications p. 466, HIV infection p. 425, chemotherapy), *trauma*, *idiopathic neuropathy*, *central pain* (e.g. pain following spinal cord injury and syringomyelia), *postherpetic neuralgia*, and *phantom limb pain*. The pain may occur in an area of sensory deficit and may be described as burning, shooting or scalding; it may be accompanied by pain that is evoked by a nonnoxious stimulus (allodynia).

Children with chronic neuropathic pain require multidisciplinary management, which may include physiotherapy and psychological support. Neuropathic pain is generally managed with a **tricyclic antidepressant** such as amitriptyline hydrochloride p. 245 or **antiepileptic drugs** such as carbamazepine p. 200. Children with localised pain may benefit from **topical local anaesthetic** preparations, particularly while awaiting specialist review. Neuropathic pain may respond only partially to **opioid analgesics**. A corticosteroid may help to relieve pressure in compression neuropathy and thereby reduce pain.

Chronic facial pain

Chronic oral and facial pain including *persistent idiopathic facial pain* (also termed 'atypical facial pain') and *temporomandibular dysfunction* (previously termed temporomandibular joint pain dysfunction syndrome) may call for prolonged use of analgesics or for other drugs.

Tricyclic antidepressants may be useful for facial pain [unlicensed indication], but are not on the Dental Practitioners' List. Disorders of this type require specialist referral and psychological support to accompany drug treatment. Children on long-term therapy need to be monitored both for progress and for side-effects.