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WARNINGS REGARDING USE OF TRIPTANS (MAXALT, IMITREX, TREXIMET, ZOMIG, RELPAX, FROVA, AMERGE, ...)

Please be aware of the following potential side-effect associated with the use of class of medications called triptans (i.e. Imitrex, Treximet, Relpax, Zomig,...) which are used for the treatment of migraine headaches:

1. Chest tightness or pain
2. Dizziness
3. Nausea/vomiting
4. Shortness-of-breath
5. Increased risk of stroke and heart disease especially in patients who use tobacco, have history of stroke or heart disease, are taking estrogen-containing medicine, or have history of limb paralysis associated with their migraines

In addition, you should be aware of a warning published by the FDA of a possible interaction between triptans (such as those printed in the heading above) when used in patients who are using antidepressant medications such as Prozac, Elavil, Celexa, Zoloft, ...etc. This potential interaction is called "Serotonin Syndrome." The most common symptoms of Serotonin Syndrome include sudden confusion, rapid heart rate, heart palpitations, profuse sweating, nausea, diarrhea, fainting, headaches, visual disturbances, and other changes in mental status. **This interaction, however is not based on science and more recent data shows that triptans DO NOT IN FACT AFFECT the same serotonin receptors as anti-depressants and DO NOT LEAD TO SEROTONIN SYNDROME when taken with anti-depressants.** If you are prescribed anti-depressants, you should still notify your doctor or pharmacist if you experience the above symptoms when taking migraine medicines classified as triptans listed above. **Most patients who use triptans for migraine headache therapy, and who also are on anti-depressants do not experience significant side-effects of "serotonin syndrome".** However, predictions regarding individual reactions cannot be definitively made.

There may be other drug interactions and/or side-effects that are not listed above. You should discuss all of your medications with your doctor and pharmacist and read the package label which can be obtained from the pharmacist.

I have read and acknowledge clear understanding of the above: _____

Patient Name: _____

Date: _____