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More studies show that botox help migraines

MONDAY, June 17 (HealthScoutNews) -- Botox Injection, touted for its wrinkle-erasing powers, does more than freshen up an aging face: It's also gaining acceptance as a treatment for severe headaches.

This weekend, researchers meeting in Seattle will present even more evidence that Botox Injection can indeed relieve the pain of migraines.

Exactly why the wrinkle-reducer zaps migraines and other headaches isn't clear, says Dr. Eric Eross, one of the researchers reporting on his findings at the American Headache Society's annual meeting.

"We know how Botox Injections work in paralyzing muscles [for wrinkle relief]," he says. When injected to get rid of frown lines and crows' feet, the purified form of the toxin that causes botulism partially paralyzes muscles, with the effect lasting for about three months.

However, when Botox Injections are used for headaches, he says, "this has more effect than muscle paralysis. We think it interferes with the transmission of nerve pain signals. There's pretty good evidence that's true."

Like other researchers, Eross says Botox Injection for headache pain could be big.

"I think we're on the verge of a boom," he says. Besides wrinkle relief, Botox Injection is used to quell excess sweating. Next, say researchers like Eross, it may help more of the 28 million Americans with migraine pain.

In his study, Eross evaluated 48 patients with chronic migraine and administered from 25 units to 100 units of Botox-- more than the typical cosmetic-surgery patient gets -- at several sites, including the forehead, temples and sometimes the back of the neck and the shoulders.

There's no numbing," he says, "and it's relatively painless."

Most of the patients in the study were also on migraine medication, both those designed to work preventively and those used for acute attacks, Eross says. But "we do have a handful of patients who were just on Botox Injections."

Three months after the injections, patients responded to a disability evaluation instrument, called the MIDAS, widely used by researchers to evaluate disability but just now being used in migraine studies. Eross' study was conducted at the Mayo Clinic Scottsdale in Arizona.

Patients told how or if the Botox Injection made a difference in whether they had lost work days, social commitments and other effects of headache pain.

Eross found that 58 percent of the patients had a 50 percent or greater reduction in disability. The average decrease in headache frequency was 61 percent; in severity it was 27 percent, and in disability it was 79 percent.

"If you get an agent [a medicine for headache pain] that helps with 60 percent, you are doing good," Eross says.

While the eventual goal is using Botox Injection alone, that may not be feasible, Eross says. Most patients were also on other medications.

Besides the Eross study, other headache researchers will report on the value of Botox Injection for headache pain at the meeting.

Todd Troost, a researcher from Wake Forest University Baptist Medical Center, found a success rate as high as 92 percent with migraine patients using Botox Injection. When it works to relieve pain, he finds, it also reduces the need for other medications.

Another study found that headache patients on Botox Injection were able to take one-fourth of the medication taken by those who didn't get Botox. Yet another study of 60 migraine patients found those who got two Botox injection sessions over six months had fewer headache days than those who got just one Botox Injection session.

Even with this spate of studies, some experts say it's not enough.

"More studies are needed," says Dr. Steven Graff-Radford, co-director of The Pain Center at Cedars-Sinai Medical Center in Los Angeles.

Another expert, Dr. Fred Freitag, associate director of the Diamond Headache Clinic in Chicago, applauds the fact that Eross evaluated actual disability from the headache pain: "It's great that someone is using MIDAS [to assess actual disability] rather than just frequency and severity."