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Guest Editorial

Acute Migraine Treatment during Lactation and Pregnancy Periods in the Patients with Concomitant Rheumatic Diseases

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Received: March 29, 2020; **Published:** May 20, 2020

Treatment of the patients with migraine would be more complicated during lactation and pregnancy. This is due to this fact that using medications to treat migraine can affect the newborn and fetus. Teratogen Information Service (TERIS) and United States FDA Pregnancy Risk Rating System are two systems which are used to evaluate the risks of using certain drugs during pregnancy. American Academy of Pediatrics guidelines can also be used to assess the risks of using certain medications on the newborn during lactation. The importance of using safer medications with a stepwise manner is cleared enough. Also choosing nonmedical strategies is of priority. Having a regular sleep pattern, taking regular physical exercises, getting enough rest, drinking plenty amounts of fluids, avoiding to have long fasting and also avoiding to consume Alcohol, Tobacco and Caffeine, may help the patient's mild symptoms to be relieved without using medications. If these do not work, IV fluids and Prochlorperazine administration would be the first step to treat acute migraine in the pregnant or breastfeeding patients. It is better not to use NSAIDs due to their possible effects on implantation and fetal ductus arteriosus premature closure. There are controversies about using Triptans in this setting although Sumatriptan has shown to have a very low level of excretion in the breast milk. Based on these findings, using Sumatriptan seems to cause no significant problem for the infant who is feeding with mother's milk. Acetaminophen can be safe to be used in this setting although there may be some associated risks between consuming high amounts of acetaminophen with ADHD occurrence in some children. Due to causing reduction in gastric motility and increasing nausea in the pregnant woman, causing withdrawal symptoms in the neonates and sedation in the infants, using opiates to treat acute pains of migraine during pregnancy and breastfeeding periods, seems inappropriate. Increasing in the amounts of miscarriage and hypertonicity in the uterine, makes using Ergots to be impossible to treat acute migraine during pregnancy. Causing infant hemorrhagic disease and withdrawal problems, being teratogenic and the ability of excretion into the breast milk, make Phenobarbital to be impossible to be used during pregnancy and lactation to treat migraine. Promethazine, Metoclopramide and Prochlorperazine can be used safely in the pregnant and breastfeeding women with migraine. Acute migraine headache can also be treated with IV administration of Magnesium and also in combination with Prochlorperazine. Increased risk of hypocalcemia in the fetus and the pregnant women, makes treatment with IV administration of Magnesium for more than five consecutive days to be impossible and enough care must be taken in this setting.

It is important for the physicians to be aware of the treatment methods for acute migraine in the pregnant and breastfeeding women with concomitant rheumatic diseases, to treat such cases more effectively during clinical practice. Paying enough attention to the drugs which would be used in such cases and their possible side effects for the mother, the fetus and the nursing child is of great clinical importance [1-7].

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Volume 11 Issue 6 June 2020