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This booklet provides information about the medicine intravenous dihydroergotamine or IV DHE, which is used in this hospital to treat headache. This booklet will explain to patients (or their family or carers) what to expect when admitted to the hospital for this treatment. It will also give information about the medicine and tell you how you may feel during and after the treatment.

1. What is IV DHE?
Intravenous means that the medication (DHE) is given directly into the veins as an infusion through a drip. DHE belongs to a group of medicines called ergot alkaloids and has been used to treat chronic headache like migraine and cluster headache. IV DHE was first introduced to treat chronic and disabling migraine by a neurologist, Professor Raskin in 1986 in the USA and it has become established inpatient treatment at many neurological centres that treat headache. IV DHE works by binding to certain receptors in the brain and nerves to alter the way pain in the head is experienced.

2. Medication Licence
IV DHE is not licensed in the UK but is used widely for headache treatment in other countries. This medicine has been used for headache treatment at this hospital for the past ten years. The UCLH Trust’s Use of Medicines Committee has approved its use in patients under the care of the headache team at the National Hospital for Neurology and Neurosurgery.
3. How can a course of IV DHE help?
This treatment can help by breaking into the cycle of daily pain and associated headache symptoms. It will not cure your headaches but it could provide relief where they become less severe and or less frequent. The level of benefit varies among patients. For example, some patients obtain complete relief lasting for days, weeks or months whilst others may experience a partial benefit or none at all. In general, most patients derive some benefit. Some patients have reported an increase in headache soon after discharge for a week or so, but subsequently have a settled period of good pain control. With fewer headaches, you will need fewer painkillers and your preventative tablets will work better. As a result you should have a better quality of life and be able to function better when going about your daily activities. Your doctor will usually recommend that you start a preventative medication (as a tablet) immediately after treatment. As IV DHE is likely to provide only temporary relief, the preventative tablets should sustain any benefit you get and provide pain control in the longer term.

4. What are the side effects of IV DHE?
All treatments and medicines have side effects and we will discuss these with you on admission. The most common side effects are nausea and leg cramps. We anticipate and treat nausea by giving you anti-nausea treatment half an hour before each IV DHE dose.

9. Where can I get more information on headache?
Charity websites:
www.migrainetrust.org.uk
www.clusterheadache.org.uk
UCL Hospitals cannot accept responsibility for information provided by other organisations.

10. References

11. Contact details
The Headache Team
The National Hospital for Neurology and Neurosurgery
Queen Square
London
WC1N 3BG
Switchboard: 0845 155 5000 / 020 3456 7890
Secretary Extension: 83664 or 83017 or 83373
Clinical Nurse Specialists Extension: 72 4299 or 72 3926
Website: www.uclh.nhs.uk/nhnn
IV DHE is given as an infusion through a drip every eight hours. Each of these infusions lasts for approximately one to two hours and is usually given at 7am, 3pm and 11pm over three to four days.

If you develop any side effects the rate at which the infusion is given can be slowed down. It is important that you able to tolerate the infusions in order to get the most benefit from the treatment.

8. What should I expect after IV DHE treatment?
Before you are discharged from hospital you will be given a follow up appointment if you do not already have one. Please check with the ward staff if you have not been given your follow up appointment details. This follow up appointment will be about three to six months after discharge from hospital. The effect of your treatment and headache symptoms will be assessed at this appointment. You will also be given advice on how to use any new medicines and painkillers. Do not worry if your headaches take some time to settle. Remember that your preventative medicines can take several weeks to reach a level that suppresses your headache adequately. When you are ready to leave hospital after your treatment you should be well enough to travel home without an escort. However you may prefer for a friend or family member accompany you.

It is important that you inform your nurse if you experience any nausea so we can adjust your treatment accordingly. Leg cramps may be uncomfortable but are temporary and will not harm you. Leg cramps occur because of the effect the medicine has on the large veins in the legs. Leg cramps can be relieved by gently mobilising (moving around) and should resolve completely soon after the treatment course is completed. In some cases this may take up to a week to gradually ease off.

Less common side effects include:

- light-headedness
- diarrhoea
- stomach cramps
- chest tightness

You should inform your nurse or doctor if these occur as they may be able to offer some treatment to relieve it. Often just slowing down the infusion rate will be the only action required. Rarely, it may strongly constrict (or tighten) the blood vessels in your hands and feet and as a result you may experience symptoms such as coldness, numbness and tingling. If this happens you must inform the nurses immediately and the treatment will be stopped. However, before the treatment starts your doctor will assess your risk for developing such side effects and will only proceed with the treatment if it is safe to do so.
Because of the way IV DHE works it is not suitable for patients who have heart disease and you should inform your doctor if you have any such conditions.

5. What will happen if I choose not to have IV DHE?
Your doctor may recommend IV DHE as a treatment option but it is entirely up to you if you would like to have it or not. If you do not wish to go ahead with this treatment your doctor will suggest alternatives and talk through your options with you. As with all medicines, you should feel comfortable about taking it and you should discuss any anxieties or concerns you have with your doctor or nurse. Deciding against having IV DHE will not compromise your care.

6. How should I prepare for IV DHE?
Some medicines should not be taken with IV DHE. Please tell your doctor of all the medicines you take including herbal and over the counter medicines. Your doctor will check that there are no drugs you are taking which should not be taken with DHE and will discuss this with you. In preparation for IV DHE treatment you should not take a ‘triptan’ drug for at least 24 hours before your admission and you should remain off ‘triptans’ until at least 24 hours after your treatment. ‘Triptan’ medicines include:
- sumatriptan (Imigran)
- zolmitriptan (Zomig)
- rizatriptan (Maxalt)

You may take your other medicines as normal unless advised by your doctor not to. Do not hesitate to contact your Headache Team if you are unsure.
You should expect to be in hospital for between five to seven days. Bring a small bag with some comfortable day and night clothes, your toiletries and all your regular medication that you normally take including medicines you buy over the counter. You may also want to bring some magazines or books to read. Please see the admissions booklet for more information about the hospital.
You will be expected to be on the ward for your treatment. Your admission letter will tell you which ward you will be admitted to and the time you should arrive. You will not need to fast at any point during this course of treatment.

7. What happens during a course of IV DHE?
On the day of admission you will have an ECG (electrocardiogram) prior to treatment. This is a painless test that measures the electrical activity of the heart. It is used to measure the rate and regularity of heartbeats and will detect any damage to the heart. An abnormality may mean you are not able to have the treatment or further tests may be required before the treatment can be given.