



**TRIGEMINAL NEURALGIA ASSOCIATION
TEXAS SUPPORT GROUPS NEWSLETTER
AUGUST 2006**

VOLUNTEERS NEEDED

Due to critical health problems, ImaJoy and Mary Ann in Waco need help with managing the Waco support group. Please contact Mary Ann if you can assist out with support group needs. Mary Ann can be reached at 254-857-9166 or via email at hlippe7133@aol.com.

Shelly needs someone to take over the Fort Worth Support Group. This entails setting up meetings with Baylor All Saints staff, lining up speakers, and running the meetings. If you are willing to do part or all of these tasks, please contact Shelly at 817-416-7202 or via email at swilson@tna-support.org.

We need someone to take over the Houston Support Group. Unfortunately, the person who had volunteered to do this will be moving so we need someone to fill this open slot so the support group doesn't fall apart. This entails selecting a meeting location, setting up 3-4 meetings a year, lining up speakers, and running the meetings. Please contact Shelly at 817-416-7202 or via email at swilson@tna-support.org.

POETRY REQUESTED

TNA wants your words and perspective for a new book focused on TN/face pain patient thoughts through poetry. No one knows your long journey better than you!

The poem length is Creative Choice and might even be one line. The poem focus is also Creative Choice, within the world of being a TN/face pain patient.

Please email only one poem to suzannegrenell@cox.net by September 15, 2006. Send with your poem: your name, city, state and/or country. Poems selected for publication will include author information at the end of each poem.

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

FOLLOW-UP ON IMPLANTS

Robert L. Machen, DDS, a periodontist in Austin, has done implants on two TN patients (one had previously had a gamma knife). Michael Foster, D.D.S. did the implant restorations and extensive dental work on each patient. Both patients' treatments were successful with continued follow-up.

For those who are interested, to contact Robert L. Machen, DDS, 1221 W. Ben White Blvd. Ste 112A, Austin, TX 78704, call 512-912-9750. To reach Michael Foster, D.D.S., 5704 W. Hwy. 290, Austin, TX 78735

Peggy had a dental implant last fall in exactly the area where her pain was the greatest and felt it did not exacerbate the pain. (Peggy's TN was caused by a bad case of Herpes Zoster which originated in her mouth.) Although Peggy is reluctant to chew on that side of her mouth, Peggy feels better about herself for having had the work done. She would definitely do it again if needed.

Two years ago, Tracey had two implants on the lower right side completed after a work injury. (This side of her face was already numb and she has anesthesia dolorosa.) She took the risk and has not had issues with TN or pain from the implants.

RESEARCH STUDY OF FAMILIAL TN

Do you and a family member both have trigeminal neuralgia and are willing to participate in a research study to find out more about the cause of TN? Researchers at Yale are interested in identifying families with multiple members with TN. The purpose of the research study is to learn more about the cause of TN. The purpose is NOT to treat TN.

Frequently Asked Questions (*in the answers to the following questions, "we" refers to Yale, not the Trigeminal Neuralgia Association*):

1. Who is eligible? You may be eligible if you and one or more blood relatives (parent, brother, sister, or child) have been diagnosed with TN, and both of you are willing to be in the study. Children are allowed to be in the study.
2. Who is not eligible? You are not eligible if you have TN caused by multiple sclerosis, dental problems, a tumor or because of a vascular problem.
3. What will I be asked to do? You will be asked some questions by telephone about your medical history. You may be asked to send your medical records regarding TN to the researchers. If you are eligible, you will be asked to have blood drawn near where you live, and to give written permission for the information and the blood to be used in the research studies. We may call you later for follow-up information.

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

4. Does it matter if I have been treated with medication or surgery? It does not matter, and this study will not change the way your doctor is treating you.
5. Does this cost anything? There is no charge to you. However, we cannot pay you for being in the study either.
6. Will I hear about the results? Research is a slow process and does not guarantee results. If we find something that we feel is important to your health, we will contact you and let you know. If you do not hear from us, it means that we did not find anything, or that we did not find anything important to you.
7. Who is overseeing this study? The study is being performed at Yale School of Medicine, Dept. of Neurology. The rights of subjects in the study are protected by the Yale Human Investigations Committee.
8. Whom shall I contact? Laura Marshall, Yale Research Coordinator, laura.marshall@yale.edu, 203-785-5420.

FOODS THAT CALM

Calling all type A's: Changing your diet may help you overcome anxiety. Research presented at a recent convention of the American Association of Naturopathic Physicians found that orthomolecular therapy – getting the right balance of certain molecules in your body through specific foods – is a good alternative to drug therapy for anxiety in patients without underlying psychological disorders. Depending on the individual, avoiding coffee, alcohol, and processed foods can help ease anxiety, as can consuming extra vitamin B3 (from sources like peanuts, chicken, and sunflower seeds).

Source: Women's Health, March 2006

FORGET STRESS

Don't let stress hormones hamper your brain activity.

High levels of stress hormones muddle memory in people of all ages by impairing brain areas involved in cognitive processing, a recent study concludes. Keep your memory sharp by fighting stress with regular exercise, social interactions with supportive people, and deep-breathing exercises.

Source: RealAge Tip of the Day, June 27, 2005

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

FDA WARNS AGAINST USE OF MIGRAINE DRUGS WITH CERTAIN ANTIDEPRESSANTS

July 20, 2006 — The US Food and Drug Administration (FDA) has warned healthcare professionals regarding the risk for life-threatening serotonin syndrome associated with use of 5-hydroxytryptamine receptor antagonists (triptans) in conjunction with selective serotonin reuptake inhibitors (SSRIs) or selective serotonin/norepinephrine reuptake inhibitors (SNRIs).

Coadministration of these drugs has an additive effect on serotonin levels that can lead to serotonin syndrome, according to an alert sent yesterday from MedWatch, the FDA's safety information and adverse event reporting program. Symptoms may include restlessness, hallucinations, loss of coordination, tachycardia, rapid blood pressure changes, increased body temperature, overactive reflexes, nausea, vomiting, and diarrhea.

Healthcare professionals prescribing a triptan, SSRI, or SNRI are advised to consider that triptans are often used intermittently, and that drugs from all 3 classes may be prescribed by different clinicians; the potential risk for serotonin syndrome should be weighed against the potential benefit of using a triptan with an SSRI or SNRI.

SSRI- or SNRI-treated patients receiving triptans should be followed closely, particularly during initiation of therapy, dose increases, or the addition of another serotonergic drug.

Patients receiving combination therapy should be made aware of the risk for serotonin syndrome and advised to seek immediate medical attention for associated symptoms. The FDA has requested that safety labeling for triptans, SSRIs, and SNRIs be changed to reflect the potential for this additive reaction.

Triptans are used to treat migraines, and the class includes drugs such as naratriptan HCl (*Amerge*, made by GlaxoSmithKline); almotriptan malate (*Axert*, made by Ortho-McNeil Pharmaceutical, Inc); frovatriptan succinate (*Frova*, made by Endo Pharmaceuticals); sumatriptan/sumatriptan succinate (*Imitrex*, made by GlaxoSmithKline); rizatriptan benzoate (*Maxalt* and *Maxalt-MLT*, made by Merck and Company, Inc); eletriptan HBr (*Relpax*, made by Pfizer, Inc); and zolmitriptan (*Zomig* and *Zomig ZMT*, made by AstraZeneca Pharmaceuticals LP).

SSRIs and SNRIs are used to treat depression and other mood disorders.

SSRIs include citalopram HBr (*Celexa*, made by Forest Laboratories, Inc); fluvoxamine (previously marketed as *Luvox* by Solvay Pharmaceuticals, Inc, and now available in generic formulations); escitalopram oxalate (*Lexapro*, made by Forest Laboratories, Inc); paroxetine HCl (*Paxil*, made by GlaxoSmithKline); fluoxetine HCl (*Prozac*, made by Eli Lilly and Company); olanzapine/fluoxetine (Symbyax, made by Eli Lilly); and sertraline HCl (*Zoloft*, made by Pfizer, Inc). SNRIs include duloxetine HCl (*Cymbalta*, made by Eli Lilly) and venlafaxine HCl (*Effexor*, made by Wyeth Pharmaceuticals Inc).

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

UPDATES FROM OUR MEMBERS

Pat had a gamma knife by Dr. Garza-velle in San Antonio three weeks ago. Since that time she hasn't had any migraine headaches and as long as she doesn't touch her cheek, she's OK. Hopefully in three more weeks when the radiation treatment has had more time to work, she'll be rid of her pain!

Dwain, an EX TN person, just wanted to say thanks for the Texas newsletter. He suffered for over 5 years with this horrible pain – without insurance. Five years ago, he had the Jannetta surgical procedure done (called the microvascular decompression, MVD) at Parkland Hospital, part of UT Southwestern, and has been pain-free ever since. The recovery was a little bit tough but nothing like TN. Today, he is still wary of dental work so he recently had a root canal dental procedure without any deadening. He mentioned the root canal was not fun but it was comparable to just one TN episode.

Please pray for:

- Chestal whose TN pain has returned after two years of being pain-free and medication-free from a radiofrequency rhizotomy.
- Beth who has experienced severe TN pain since a fall.
- Lee whose TN pain has returned with a vengeance since his balloon compression almost two years ago.

If you would like to share an update with our group, please let Shelly Wilson know. Send an e-mail to swilson@tna-support.org or a written note to P.O. Box 92604, Southlake, TX 76092.

REQUEST FOR E-MAIL ADDRESSES

If you have an e-mail address where we can send you this newsletter and our meeting schedule, please e-mail Shelly Wilson at swilson@tna-support.org to help us save on mailing and copying costs.

Also, if you change your e-mail address, make sure to advise Shelly as well. Thanks!

MEETING SUMMARIES

Tyler Meeting, June 30:

Thank you to Mark Hackbarth, MD, FIPP who spoke about Non-Surgical Management of Trigeminal Neuralgia. He mentioned that pain signals are like “a rut in the road” and sometimes you “get stuck in that rut”. He encouraged TN patients to seek early treatment and imaging to rule out MS, tumors, or vascular anomalies.

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

Dr. Hackbarth compared treating TN to killing a fly with a flyswatter first and if that doesn't work then go after it with a sledge hammer. He treats TN with different types of medications, injections, and other procedures.

To book an appointment with Dr. Hackbarth, call 903-593-1738 or toll-free 1-866-622-7284.

FUTURE MEETING DATES

Arlington – T.B.A.

Austin – T.B.A.

Dallas at Zale Lipshy University Hospital – T.B.A.

Fort Worth at Baylor All Saints – 11/8 (Private Dining Room)

Houston – T.B.A.

San Antonio – 8/1, 10/10, 12/12

Tyler – 9/29, 12/15

Waco at Hillcrest Baptist Medical Center – 9/11, 11/13

TREASURER'S REPORT – NORTH CENTRAL EAST TEXAS

Beginning Balance – 6/30/6	\$3,294.57
Donations Received	\$261.90
Postage	<u>\$14.50</u>
Ending Balance 7/31/6	\$3,541.97

FINANCIAL CONTRIBUTIONS

Local TNA chapters *do not receive* funding from the national office. If you would like your tax-deductible contribution to go toward your local Texas chapter, please make your check payable to the order of Trigeminal Neuralgia Association and in the memo field put the name of your support group (i.e. North Central Texas chapter, Houston chapter) then mail it to Shelly Wilson, P.O. Box 92604, Southlake, TX 76092 for processing.

Please remember to also support the efforts of the Trigeminal Neuralgia Association's national office. Typically, they are the first ones to make contact with new TN sufferers. They provide us with convention materials, run the national website, promote research, and a host of other activities.

Trigeminal Neuralgia Association
925 NW 56th Terrace, Suite C, Gainesville, FL 32605
Phone: 800-923-3608, Fax: 352-331-7078

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

www.endthepain.org

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.

Disclaimer: This newsletter is not intended to diagnose, prescribe, or to replace the service of your physician, but solely to give you information to help enable you to make informed decisions about your care.