Cabernet sauvignons from france do trigger migraine more often than those from south america: An open prospective study

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Red wines are known migraine attack triggers. This is may occur because of the high content of vasoactive substances, like condensed tannins. Tannins are the flavonoids polyphenols in wine that give its degree of mouth-drying bitterness and can cause the release of serotonin, which may trigger migraine attacks in susceptible patients. In addition, it is also a chemical substance that comes from grape skins, stems, and seeds. Wines can also take on tannins from the oak or other woods used in wine barrels for storage. Different woods as different terroirs in different countries affect the type and concentration of tannins as well as the quality of the wine. French Bordeaux area wines are rich in tannins. Those from the left side of the Gironde river have more cabernet sauvignon (minimum 75%) compared to those from the right side margin, which have more merlot. In addition, it seems that South American (SA) wines made of cabernet sauvignon have less tannin compared to those of France.

The aim of this study was to evaluate whether cabernet sauvignon wines from the left margin of the Gironde river specifically from the Medoc area, would trigger migraine differently from those made in South America (SA). Twenty eight (14 women, 14 men, ages 25 to 67 years, mean 54.5) regular patients with migraine according to the International Classification of Headache Disorders (ICHD-II) from a tertiary center, who were self-considered regular wine drinkers and who pointed a clear-cut relationship between wine intake and migraine attacks, were prospectively studied. They were asked to drink half bottles (375 ml) of a SA cabernet sauvignon and a French cabernet sauvignon from the Medoc or Haut Medoc regions, at their discretion (order, winemaker, time of the day and presence or absence of food) with a minimum interval of 4 days between the wine types. In addition, they were asked to avoid any other type of alcoholic beverages during the time of the study. The patients had to fill out a detailed headache calendar.

All patients were evaluated by the same physician. Twenty three patients (13 women, 10 men) completed the study and had the two half bottles of different cabernets. Among them, the patients reported a migraine attack within 12 hours of having the French cabernet in 60.9% of the times (14 out of 23) compared to 39.1% (9 out of 23) who pointed the SA cabernet as a clear migraine attack trigger. Four patients among the 23 didn't present migraine attacks after having the wines, whereas 4 presented attacks after both wines and 5 reported that the SA cabernet, but not the French, triggered an attack of migraine (figure).

Despite the open methodology, which challenges definitive conclusions, we concluded that even among migraineurs who point the red wine as a migraine trigger, SA cabernet sauvignons triggered migraine attacks in nearly one third of the times it was consumed. As for French cabernets, it may trigger attacks in more than half of the times it was taken. Although the reasons are unclear, it may speculate that the tannin and flavonoid content, which are higher in French wines are the most responsible for triggering migraine attacks. Controlled studies are necessary to confirm these observations.

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