Medication Overuse Headache

The Problem:
• Overuse of analgesic medicine causes headaches
• Offending medicines include triptans, over-the-counter pain relievers, opiates and drugs like Fioricet or Fiorinal
• Patients with tension type headache and migraines are most at risk
• Episodic, now-and-then headaches, transform to everyday headaches
• People at risk use opiates or triptans 8 or more days per month or other kinds of pain relievers 14 or more days per month
• Medication overuse headache is a form of chronic pain syndrome. It takes months of continuous medicine use to develop, and it takes weeks of medication abstinence to go away

Common symptoms:
• Daily, painful headaches
• Bilateral, throbbing pain
• Headache onset is in the morning after awakening from sleep
• Headache is often better in the late afternoon or evening
What is Medication Overuse Headache?

Frequent use of any kind of pain reliever – acetaminophen, non-steroidal anti-inflammatory, opiates, triptans (even caffeine) – can affect the way your brain processes pain, creating a form of chronic pain syndrome. Escalating use of medicine becomes necessary to control pain, and abrupt discontinuation of the causative medicine results in rebound of headache that can only be relieved by taking the offending medicine again. People with migraine are particularly susceptible to this problem. Once a migraine sufferer develops medication overuse headache, any attempt to treat migraine is futile. Only after successful treatment of medication overuse headache does migraine treatment have a chance of working.

This condition takes weeks and months to develop. Those who get medication overuse headache usually end up taking an opiate or triptan 8 days or more per month, or a combination of over-the-counter pain relievers more than 14 days per month. Caffeinated analgesics like Excedrin, Fioricet, and Fiorinal are some of the worst offenders - even too much coffee can be the problem for some people.

Typical medication overuse headaches are very similar to migraine, experienced as throbbing pain. Headache starts soon after awakening and lasts all day, or until enough painkillers are taken, usually late afternoon. Unlike migraine, severe nausea and vomiting is unusual, and people can usually work with them. But they occur daily. And nothing prevents a migraine attack from happening as well.
It is common to have medication overuse headache everyday or every other day for months on end. The accumulated daily medication effect wears off during sleep and triggers painful, throbbing, diffuse head pain after awakening.

Medication overuse headaches can be completely eliminated if the offending medications are stopped. It may take 2 weeks or longer for your brain to revert to normal pain processing without medication influence. During that time headaches may increase. It is a form of withdrawal and there is no easy way to do it.

Most patients with medication overuse headache have chronic daily headache which was initially triggered by frequent migraine or tension type headache. Preventative and abortive treatment for migraine or tension type headaches stop working when medication overuse headache is present, but reemergence of response to previously effective medication can occur once medication overuse headache is successfully treated.
What Can I Do?

Stop Offending Medicine
• Abrupt discontinuation works best
• Headache may increase – up to 2 weeks until they start to go away
• WARNING
  - Do not abruptly stop medicine containing
    a) barbiturate (like Fioricet or any drug containing butalbital)
    b) benzodiazepine (a Valium-like drug)
    c) opiate/narcotic
  - Check with your doctor and pharmacist to be sure you know what you are taking
  - Abruptly stopping a barbiturate, benzodiazepine, or opiate/narcotic could cause withdrawal symptoms. Consult your physician to advise how to discontinue these medicines
  - Weaning down and stopping medicine over 12-14 days can work but is less successful then abrupt discontinuation

Bridge Therapy (used during weaning off period)
• Naproxen 400mg twice a day for 14 days
• Long-acting nonsteroidal anti-inflammatories reduce headache during period of discontinuation of offending medicine

Preventative Medicine
• Continue any preventative medicine you may be taking for chronic migraine or chronic tension type headache
What You Can Do:

If you also have Migraine

• See patient information “Migraine”

If you also have Tension Type Headache

• See patient information “Tension Type Headache”
What Your Healthcare Provider Can Do

• Emotional support
  - Clinical support and counseling to help you get through medication discontinuation
• Medication discontinuation protocols
  - Opiates, barbiturates and benzodiazepines
• Prescription medication bridge therapy
  - Glucocorticoids such as prednisone or dexamethasone
• Rescue therapy to reduce breakthrough migraine attacks
  - Triptans and other acute migraine medications
• Prescription Preventative Medicine
  - Evidence-based natural and prescription therapies to prevent migraine and/or tension headaches
• Aggravating Medical Disorders (comorbidities)
  - Identify and treat medical, sleep, or psychiatric disorders that may be making headaches worse