

Medication overuse headache needs to be treated with detoxification so that preventive therapy can be effective in chronic migraine

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Medication Overuse Headache (MOH) is common, highly disabling, refractory and most challenging to treat. Treatment of MOH is still controversial. Broadly, the debate is always between treating MOH by 'WITHDRAWAL or WEAN of the offending drug Alone' OR 'using BRIDGE therapy and starting PROPHYLACTICS at the same time as WITHDRAWAL of the offending drug'. Based on scientific rationale, I will be advocating the simultaneous use of prophylactics along with WEAN for the treatment of MOH. When dealing with MOH, definitions and terminologies need to be uniform. The 3 essentials for MOH are the presence of a background primary headache, overuse beyond specified limits of a drug that can predispose to MOH, and loss of efficacy of prophylactics. Chronic Migraine (CM) in ICHD3 beta does NOT include Medication Overuse and 'Medical Overuse and Medication Overuse Headache' are not synonymous. We need to go beyond just 'WD alone' and add prophylactics and use a multi-disciplinary approach because MOH is a bio-behavioral disorder that does not occur in isolation and MOH patients usually have psychiatric comorbidity and other risk factors. MOH needs to be addressed as a chronic illness that can relapse and since most MOH happens in migraine patients, we need to treat the background Migraine. There are also other genetic, neuroplastic and neurobehavioral factors because of which MOH needs multidisciplinary management. Since preventives will not work without WEAN and since there is a withdrawal syndrome it is necessary to employ all 3 modalities in MOH treatment – WEAN, Bridge therapy and Preventives.