

Medication overuse needs to be treated with detoxification so that preventative therapy can be effective in chronic migraine. NO

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It was traditionally thought preventive therapies were largely ineffective in the presence of analgesic abuse. Some studies have changed this vision. The first study demonstrating the efficacy of preventive treatments in patients with analgesic abuse was a European study using topiramate. Most patients (78%) met the definition for medication overuse at baseline. Even with this condition, topiramate reduced the number of monthly migraine days against placebo. Other trial conducted in the USA also compared topiramate with placebo for the prevention of chronic migraine. The subgroup analysis of the patients with MOH at baseline showed a reduction in mean monthly migraine. On the other hand, in the two pivotal trials comparing onabotulinumtoxinA with placebo injections in patients with chronic migraine, about 65% of patients fulfilled the criteria for MOH. At week 24, a larger reduction in the headache days per month — the primary endpoint of the trial — was seen in the onabotulinumtoxinA-treated group than in the placebo-treated group. These studies confirmed that the suppression of analgesics is not essential for preventive treatments to be effective. Other possible approach to MOH treatment is informing the patient about the mechanism of MOH, with the aim of reducing their intake of acute medication. There are some studies that demonstrated compared the effectiveness of advice on MOH with that of either outpatient or inpatient withdrawal of medication showing that advice alone was as effective as the other two interventions. All these studies demonstrate that detoxification is not essential for the treatment of patients with MOH.