

## Medication overuse headache - prevalence, management and quality of life

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Introduction: Medication overuse headache (MOH) is frequent having a significant psychosocial, social and economic impact, affecting patient's quality of life (QoL). It is the third most common type of headache, with a prevalence of 0,7-1,7 %, caused by automedication and easy access to over the counter (OTC) medications recommended for headaches or other types of pain and secondary to excessive TV advertising. Material and Method: A prospective study performed on 23 patients (19 women and 4 men), mean age 46 years, diagnosed with MOH answering a special questionnaire, completing headache diaries, RAND 36 item Health survey v.10, Hamilton Anxiety and Depression scales and Visual Analogue Scale for headache intensity. The treatment was stopping the MOH inducing medication, associating prophylactic headache therapy or withdrawal therapy. Results: The patients suffered from primary headache (73,91% migraine and 26,09 % tension type headache), 52% having a personal pathologic history of headache, 82,6% were women and 35% unemployed due to headache. Paracetamol and nonsteroidal anti-inflammatory drugs were used, in 39% OTC and 52% automedication associated to medical prescriptions. 61% had lower education ( $\leq$  12 years). Stopping MOH inducing treatment was the first option. Prophylactic headache medication was preferred (52%), some patients needed withdrawal medication or hospitalization. RAND 36 Item Health Survey v1.0 was a good prognostic predictor, 52, 17% of the patients having scores  $\geq$  60%. Conclusions: MOH is more frequent than diagnosed. TV advertising for analgesics should be reduced. Prophylactic therapy should be used more frequently. A multidisciplinary team can reduce the time until withdrawal.