

Medication overuse headache

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Dr. Lee Kudrow, a headache specialist from Los Angeles, in 1978 was the first to report on how overuse of analgesics could worsen chronic headaches such as migraine. He also demonstrated the beneficial effects of withdrawal of the offending medicine and the added benefit of an effective preventive medication (low dose amitriptyline in his study). The term *rebound headache* became popular and then changed to *medication overuse headache*. The overused medication soon included any acute care medication used too frequently, even migraine specific triptans and ergots. It was shown that opiates and butalbital containing medications were the worst offenders and NSAIDs the least troublesome. Although NSAIDs can also cause MOH, they often work as preventives at first or at lower frequencies, without causing MOH. When Topamax (topiramate) was studied as a preventive migraine medication, a clinical trial demonstrated that it seemed to work even when the patient was not withdrawn from the overused medication. When Botox (onabotulinumtoxinA) was studied as a Chronic Migraine preventive medication, it too was shown in a trial to work even when a patient was not withdrawn from overused medication. So, the question is, when a patient is on either topiramate or onabotulinumtoxinA as a daily preventive, and is overusing an acute care medication, should they go through a detoxification or not. There is no correct answer, but many feel that it is better for the patient, and the outcome might be better, if the patient is withdrawn. Often, a preventive will not even be needed.