

Medication overuse headache (MOH) can be treated with preventive medications without detoxification. No.

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Preventive medications for medication overuse headache (MOH) are sometimes effective without withdrawal of overused acute medications. However, are such preventive medications fully effective without detoxification? Few data address this question. Topiramate appeared to be equally effective at reducing headache days (~3.5 per month), whether or not overused acute medications were present at baseline, in a European randomized controlled trial (Diener et al. 2007). However, would subjects in the MOH group have shown an even greater response to topiramate had acute medications also been withdrawn? By contrast, topiramate did not reduce the number of headache days when medication overuse was present in a US trial (Silberstein et al, 2007). Notably, MOH subjects in the US trial were more likely to be overusing analgesics or opioids, whereas subjects in the European trial more often took triptans. In subgroup analyses of the phase III (PREEMPT) trial program assessing Botox for chronic migraine, subjects showed equal reductions in headache days regardless of whether or not acute medications were overused (opioids were excluded). Again, Botox efficacy was not assessed for subjects who were overusing acute medications but then withdrew from them. In a US retrospective study of outcomes of preventive treatments for MOH (Bigal et al, 2004), all subjects were instructed to withdraw overused acute medications (45% butalbital, 30% opioids), but only those that successfully did so significantly reduced headache days. In conclusion, further studies are necessary to clarify whether optimal treatment of MOH with preventive medications also requires withdrawal of overused acute medications.