

Debate: Medication over-use is the main causative factor in chronic migraine

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Majority of patients referred to tertiary headache clinics suffer from chronic migraine and medication overuse headache that represents the most important challenge to the headache specialists. Chronic migraine is considered to evolve from episodic migraine headaches with an incidence rate of 2.5%. The transition of episodic form to more frequent attacks pattern that may require several months or years, and is influenced by lifestyle, life events, comorbid conditions and genetic background. More importantly this transition period is also frequently accompanied by overuse of abortive headache medication. There are many factors identified to play a role in the migraine chronification process. Risk factors such as older age, female sex, Caucasian race, low socioeconomic status with low education level and income, and genetic factors, family history of mood disorders and substance use disorders (alcohol, drugs) are unfortunately not modifiable. Those patients tend to have greater psychiatric disorders such as depression, anxiety, personality problems, impairment in occupational, social, and family functioning, medical comorbidities such as hypertension, diabetes, high cholesterol levels, obesity and chronic pain disorders. In addition, physical inactivity, smoking, medication overuse, caffeine /tein overuse, sleep disorders (e.g., insomnia, snoring), chronic musculoskeletal and gastrointestinal complaints are also implicated. Lack of awareness in avoiding trigger factors, irregular life-style rhythms, using ineffective drugs and/or dosages and late referral to headache centers also increase the risk of medication overuse in the chronification process of migraine. Medication overuse headache (MOH) is a common and debilitating secondary headache that may complicate every type of primary headache and all the drugs employed for abortive headache treatment can cause MOH. Withdrawal from medication overuse is an important step in the treatment, which reduce the attack frequency. However withdrawal of overusing abortive drugs per se does not revert the chronic migraine process. In conclusion, medication overuse is one of the significant contributors in the chronification process but NOT the main causative factor.