

Medication overuse headache

Management guidelines

- **Exclude the following red flags for any headache:**
 - Thunderclap headache (intense headache of explosive onset)
 - Jaw claudication.
 - Progressive headache worsening over weeks
 - New onset headache in a patient over 50 years
 - Headache causing a person to wake from sleep
 - Rapid progression of personality changes confirmed by a witness
 - Headache in a person with history of HIV or immunosuppression.
 - Unilateral red eye
 - Headache with atypical aura (duration over 1 hour or including significant motor weakness)
 - Headache associated with postural changes
 - Rapid progression of unexplained cognitive impairment
 - Rapid progression of sub-acute neurological deficit

Guideline Name	Medication overuse headache: management guidelines
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Presentation

- Medication-overuse headache (MOH) is a chronic headache (occurring on more than 15 days each month) that develops or worsens with frequent use of any drug treatment for pain in people with **tension-type headache (TTH) or migraine**.
- Typically, it develops with drug treatment of episodic migraine or TTH, but may occur in people with migraine or TTH who take analgesics for other painful conditions.
- The symptoms of MOH resemble chronic TTH or chronic migraine; people overusing triptans are more likely to have migraine-like symptoms.
- Diagnostic criteria for MOH are:
 - Headache is present on 15 days or more each month.
 - Symptomatic treatment for headache has been overused regularly for more than 3 months. Overuse is considered to be occurring when ergotamine, triptans, opioids, or combined analgesic medications are taken on 10 days or more each month; simple analgesics are taken on 15 days or more each month; or any combination of ergotamine, triptans, or opioids is taken on 15 days or more each month without overuse of any single drug alone.
 - Headache develops, or is markedly worsened, during medication overuse

General Advice and treatment

- Medication history is crucial including the use of over the counter analgesia.
- **MOH is treated by withdrawing the overused medication for one month.**
- Management of MOH involves:
 - Advising the person to stop taking all overused headache medications for at least one month.
 - Providing close follow up and support as headache symptoms are likely to settle within 7 days but may take up to 3 weeks to fully resolve.
 - Considering prescribing an anti-emetic if the person is not able to manage withdrawal because of withdrawal symptoms such as nausea or vomiting.
 - Reviewing the person 4–8 weeks from the start of withdrawal of overused medication to review the diagnosis of MOH and assess the need for further management of an underlying primary headache disorder
- Withdrawal of overused medication will result in:
 - Complete resolution of the headache, if MOH is the only cause of the headache.
 - Improvement of the headache, if medication overuse is a contributing factor to chronic migraine or tension-type headache; stopping medication overuse may improve responsiveness to preventive treatments for migraine and tension-type headache.
 - No improvement of the headache, if medication overuse is not a significant factor. However, it may improve responsiveness to specific preventive treatments for the headache.
- Most people can withdraw successfully with the right support and encouragement.
- Patients should also be informed that if the pain becomes unbearable, they may use analgesia for up to 2 days. This can include high dose aspirin (or paracetamol if aspirin is not tolerated).
Triptans or codeine must NOT be used.

Referral

- **Most people with medication overuse headache can be managed in primary care.**
- Consider specialist referral for people with medication overuse headache who:
 - Have MOH caused by an opioid or opioid-containing drug as gradual withdrawal may be necessary.
 - Have significant coexisting conditions, including:
 - Psychological problems (such as anxiety or depression), especially if the person is thought to be at increased risk of suicide.
 - Physical problems, such as angina or diabetes especially if the person is elderly or frail.
 - Pregnancy.
 - Painful conditions requiring continued symptomatic treatment.
 - Have had previous attempts at withdrawal of overused medication that have been unsuccessful.
 - Are poorly motivated to stop symptomatic treatments

Reference: NICE CKS medication overuse headaches 2012