

Patient Presentation

Medication Overuse

**GP**

Medication overuse is defined as a headache which is present for 15 days or more per month and which has developed or worsened while taking regular symptomatic medication. Medication overuse headache can develop with any type of primary headache but most commonly develops with migraine. It is unusual in the Trigeminal Autonomic Cephalgias (see table) unless the patient also has a migraine phenotype.

Criteria for diagnosis:

Medication overuse headache should be considered with use on 10 days or more per month for triptans, ergots, opioids, or combination analgesics and on 15 days or more per month for simple analgesics.

Suggested protocols for managing medication overuse headache (may require adaptation to suit views of local clinicians):

Patients overusing simple analgesics or triptans:

- Simple analgesics or triptans can be stopped abruptly.

Patients with medication overuse headache caused by opioids and combination analgesics:

- Warn patients that there is the potential for withdrawal symptoms especially if higher doses of opiates are used. Some patients may wish to consider gradual reduction of medication over 2 weeks before stopping.
- Evidence for therapeutic interventions is poor but withdrawal symptoms may be helped by antiemetics, tricyclics, short term naproxen and steroid taper.