

MEDICATION OVERUSE

More headaches, more pills...
How to break the vicious circle

What am I supposed to do?

I spent years dealing with migraine attacks. For a few years, they happen frequently. I started using more and more triptans. They were less and less effective, and now I have to add Tylenol and Advil. My physician told me to watch it....but I fear I'm going to lose my job if I keep missing work, so I treat it as soon as I feel the pain coming.

Is there a way to improve my situation?



The number of days per month with intake is more important than the number of pills. Keep a diary to clarify the situation.

A VICIOUS CIRCLE

The chemistry of the migraine brain makes it react to a regular intake of acute meds, for migraine or other pain disorders. It lowers its threshold and becomes *even more sensitive to attacks.*

Medication overuse-headache was observed by doctors as migraine treatments became widely used. They also saw that stopping the intake (the famous withdrawal) was sometimes very effective.

Other clues for MOH

1. Acute meds are less effective
2. You wake up at night and need acute meds
3. You cut your pills in two to have enough
4. You treat «in case a headache may start»

Prevention and withdrawal are key if you are in an overuse situation

Overall, there are two aspects to consider if you live with chronic headache and medication overuse. Discuss with your healthcare provider!

Things to take into account before making a plan

- How many acute meds you are using
- How long has the situation been going on
- Severity of attacks
- Opioid and barbiturate use
- Experience with preventives
- Other pain problems that require meds
- Your mood and energy levels
- Anxiety and fear of the next attack
- Your support network and work situation
- Coping mechanisms other than meds



For years, it was thought that migraine preventives did not work if overuse was present. We now know it is not true. Prevention is part of the solution.

Withdrawal plan

- Consider a bridge (meds to soothe the pain during withdrawal)
- Discuss a medical leave
- Duration usually 1 month
- Plan for extra support during withdrawal

Preventive treatment

- A preventive may work and decrease acute med intake enough so that withdrawal is not needed
- Topiramate, Botox and CGRP antibodies can all work even in the presence of overuse

Will it work? Prognosis of withdrawal

10%	30%	30%	30%
Cannot complete withdrawal	Complete but do not improve	Minor improvement	Major improvement