

MEDICATION OVERUSE

More headaches = more pills
How to break the vicious cycle

I am told I overuse acute medications... but I need them. What am I supposed to do?

I spent years dealing with migraine attacks and in recent years they have increased in frequency. I started using more triptans. They were less and less effective, and now I have to add Tylenol and Advil. My healthcare provider told me to be careful...I'm afraid of losing my job if I keep missing work, so I treat as soon as I feel the pain coming.



A VICIOUS CYCLE

The chemistry of the migraine brain reacts to regular intake of acute medications by lowering its threshold and becoming even more sensitive to attacks.

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

WHAT IS THE LIMIT?

- The number of days/month with intake is more important than the number of pills
- Opioids and barbiturates are more risky
- Keep a headache diary to clarify the situation
- **NOTE:** Gepants do not cause medication overuse headache

CLUES FOR MOH

- Acute meds are less effective
- You wake up at night and need acute meds
- You cut your pills in two to have enough
- You treat "in case a headache may start"

Medication Overuse = Frequent Attacks

Prevention is key and withdrawal may be necessary

For years, it was thought that migraine preventives did not work if overuse was present. We now know this is not true. Discuss with your healthcare provider to evaluate your options.

Preventive treatment: Do you have options?

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

How to make an acute medication withdrawal plan

- Prepare yourself to do it and understand the plan
- Bridge medications can be used to soothe the pain during withdrawal
- Sometimes a medical leave can help
- Plan for extra support during the withdrawal

Sometimes it is best to try a preventive while evaluating the need for a full withdrawal. Every person is different.

Things to take into account before making a plan

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



Will it work? Prognosis of withdrawal

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