

Guidance for medication overuse headache

3% of the population will be suffering from headache due to analgesic overuse. This can occur with all analgesics in addition to Triptans. Codeine/opiate compounds are particularly implicated but paracetamol and NSAIs can cause problems. It occurs

- More than 15 days of the month with analgesics or NSAIs
- More than 10 days of the month with Triptans.

The number of days seems to be important rather than the volume of medication.

The underlying mechanism is not known but it is likely that these agents sensitise pain pathways in predisposed individuals.

It is important to get an appreciation of the pre-existing headache type. Ask the patient to recall their history prior to excessive analgesic use (almost all will be migraine). It is best to completely stop analgesics rather than taper off except if on high dose opiates but achieve a good dose of preventer before you do this.

Amitriptyline (see patient information sheet) is a useful starting point. If migraine was the existing headache then a beta blocker or Topiramate can be used. If analgesia is essential for intermittent use then Naproxen is associated with fewer problems. Prednisolone (a milligram per kilogram up to a maximum of 60mg a day for 3 days and then reducing over a 3 week period) can be a useful adjunct for problematic cases but is not supported by an evidence base.