Neurology - Headache as a new complaint - Adult Patient Assessment Pathway

May 2010



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.

NHSGG&C

Patients tend to find it difficult to believe that analgesics may be responsible for their headache. The Headache Service has a patient information leaflet available. Please Contact Dr Tyagi, Dr Gorrie, Dr Miller or Dr McKenzie if you would like a copy.

Refer to neurology for advice where the patient has had an unsuccessful trial of stopping their regular pain killers for at least 2 weeks. Please do not refer if a trial of stopping for 2 weeks has not been completed.

NHS GG&C The Headache Clinic Protocol would be to prescribe:

Naproxen 250 – 500 mg tid for 1 week, then pr n, <u>and</u> Domperidone 10 mg tid for 1 week, then pr n <u>and</u> Omeprazole 20 mg OD for 1 week.

A migraine prophylactic may be commenced either 4 -6 weeks previous to the overused medication being stopped or at the same time as the overused medication is stopped.