

Letter to the Editor

CHRONIC HEADACHE: A FOCUS ON MEDICATION OVERUSE

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Sirs,

in 2003 we published a review about the epidemiology of chronic headache (CH) [1]. With this letter to the editor we want to focus a special interest of headache research in the last years. Medication overuse by headache-prone patients frequently produces CH accompanied by dependence on symptomatic medication [2-4]. Patients with frequent headache often overuse analgesics, narcotics, ergots and triptans. In addition, medication overuse can make headaches refractory to prophylactic medication. Stopping the symptomatic medication may result in the development of withdrawal symptoms and a period of increased headache.

Since 2003 the classification of the International Headache Society (IHS) from 1988 was used [5], but it had lacked precision about drug-, especially triptan-, induced headaches. Some authors studied the clinical features of triptan misuse and described typical signs of this syndrome [6-10]. Based on this information the IHS created new classification criteria for drug induced headache in 2003 [11]. Drug induced headache (DIH) is defined as frequent (more than 15 days per month) primary headache with medication overuse in more than 15 days per month in the last 3 months, which improves after a withdrawal therapy. The drugs leading to DIH vary considerably in the different series depending probably on both selection of patients and cultural factors [12]. It is, however, difficult to identify a single substance as 90% of patients take more than one compound at a time [13]. The management of DIH includes restricting the dose of ergots per attack (4 mg ergotamine), per week (no more than twice per week) and per month (no more than 20 mg ergotamine) is also helpful in avoiding dependency. In a similar way, the number of doses of triptans should be limited per attack and per month. Migraine drugs that contain barbiturates, codeine, or tranquilizers as well as mixed analgesics should be avoided. Probably an early start of migraine prophylaxis, either by medical or behavioural treatment, can be a preventive measure to avoid DIH [14].

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