Medication Overuse Headache (MOH)

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What is Medication Overuse Headache?

Acute therapies are a key aspect of managing the symptoms of an acute migraine attack, or other headache disorders. They provide much needed relief, and limit the impact of the attack. Effective acute treatments form part of your management plan with your healthcare team.

Unfortunately, if the frequency of migraines each month increases, this can lead to an increase in the frequency that we take a pain killer or analgesic throughout the month. Gradually, this can lead to a number of changes in the pain circuits of the brain. This is quite separate to dependence, and seems to be a specific issue in headache disorders. While the changes can be complex, the net result of this process is:

- More frequent migraine attacks over the long term
- The possibility of dull or persistent background headaches (distinct from rebound headache)
- Reduced efficacy of both acute and preventative therapies

What to do?

The simplest approach to management of medication overuse headache is prevention. Preventative therapies of migraine are designed to reduce the frequency of attacks, so that you can treat the remaining attacks effectively and without concern. To avoid medication overuse headache, the recommended maximum days of use per month vary with medication:

- 'Simple' analgesics (paracetamol, ibuprofen, naproxen and others): less than 15 days use per month
- 'Triptan' analgesics (sumatriptan, eletriptan, rizatriptan and others): less than 10 days use per month
- Combination analgesics or opiates (oxycodone, paracetamol/codeine, and others): less than 10 days use per month, however these are generally not recommended in headache disorders

Misconceptions

- Alternating treatments reduces the risk: *unfortunately, it is the total days that the brain is exposed to a medication that is important, so for example 8 days of use of triptans and a further 12 of simple analgesics remains at risk of MOH.*
- Dependence and addition: *while these can be important and relevant issues for individual people, MOH is very distinct from dependence*
- I don't get rebound headaches: *Unfortunately, while some people get a rebound headache following a pain killer, as it is an adaptive process in the brain, the absence of rebound headaches does not exclude MOH.*

Treatment of Medication Overuse Headache

If Medication Overuse Headache is one of the issues that need to be addressed to limit the impact of your headaches, it is important to discuss this with your treating team. This allows us to work with you to customise a treatment plan to reduce the frequency of your headaches, and manage your pain relief without putting you at risk for medication overuse, or helping to find a strategy which helps treat the condition.

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