

POSTER PRESENTATION

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Treatment and outcome in medication overuse headache patients

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Background

Medication overuse headache (MOH) is a frequent condition in headache centers with elusive management and outcomes. Aim: to present the pharmaceutical treatment and outcome of MOH patients from the outpatient Headache Clinic of the Athens Naval Hospital.

Methods

This is an open, retrospective, single center observational study. The electronic files of patients with MOH of the Athens Naval Hospital Out-Patient Headache Clinic were reviewed to assess the outcome.

Results

One hundred forty six patients (29 males and 117 females) with MOH were evaluated (mean age 38.5 ± 12.7 years; mean body mass index 26.1 ± 4.44). Patients overused triptans (38.9%), analgesics (61.1%), NDAIDs (48.4%), codein plus paracetamol (77.6%), benzodiazepines (2.3%), or ergotamine (17.5%). Scores for Hamilton scale for anxiety and depression were 23.9 ± 5.6 and 18.8 ± 6.5 , respectively. Prophylactic treatment consisted of naproxen 1000mg (plus gastroproplylaxis), SNRI (venlafaxine 150-300mg/d, or mirtazapine 45-90mg/d) and one of three agents: propranolol (160-320mg/d), topiramate (100mg) or valproate (500-1500mg/d). In cases of anxiety disorder comorbidity (HAM-A score >18) prazepam was added (10-20mg/d). All patients were advised to withdraw immediately the substance overused. After one to three months treatment 37% and 45.6% of patients reported a greater of 50% or 75% decrease of days with headache per month, respectively. The 17.3% of the patient population did not respond to treatment.

Conclusion

Immediate withdraw of substance overused combined with a strong prophylactic treatment, which included naproxen, SNRIs and preventative antimigraine agents is efficient to decrease headache impact in most patients with MOH.

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