**Management of medication overuse, headache – advice for GPs**

These guidelines are based on the NICE guideline:

 <https://cks.nice.org.uk/headache-medication-overuse#!topicsummary>

Medication Overuse Headache (MOH) is defined as a headache occurring > 15 days per month for > 3 months in someone who either

* Takes triptans, opioids, ergotamine or combination analgesics > 10 times per month, or
* Takes NSAIDS or paracetamol > 15 days per month.

Concentrate on getting the patient off triptans, opiates and compound “over the counter” analgesics, as these are the worst culprits. Paracetamol and NSAIDS alone are less likely to be a problem.

1. Explain the diagnosis of MOH and that withdrawal of the overused drug is the main treatment. Give the patients some written information such as our “Treatment advice for patients with frequent headaches” leaflet. The National Migraine Centre also has a useful fact sheet here:
2. <https://www.nationalmigrainecentre.org.uk/migraine-and-headaches/migraine-and-headache-factsheets/medication-overuse-headche/>
3. Advise the patient to stop taking all the overuse medication for at least 1 month. An abrupt and complete cessation works best.
4. Advise the patient that withdrawal may initially worsen the headache and that it may take several weeks for the headache to improve after the medication is stopped.
5. Advise the patient to keep a diary, recording symptoms and medication use, during withdrawal.
6. Advise the patient to remain well hydrated during the period of withdrawal.
7. Ensure comorbidities such as depression and anxiety are appropriately managed.
8. Review and reassess the underlying primary headache disorder 4–8 weeks after withdrawing the overused medication.
9. Do not restart opiates. Triptans may be reinstated after a month but advise the patient they must use it only up to 1 or 2 times per week.
10. While they are withdrawing treatment, it is possible that nothing else will help and the first attempt should be to withdraw without taking anything else. However, if this fails, the following can be tried:
	* 1. An NSAID taken regularly eg Naproxen 250mg three times a day for 1-2 weeks (use a PPI if there are risk factors for GI bleeding)
		2. Use an antiemetic such as Domperidone in addition to the NSAID, especially if there is Nausea
		3. Start a new prophylactic agent at the same time
		4. If all the above fails, issue a short term prescription for prednisolone, for example 60mg daily for 10 days, with PPI cover if required.