



## The Birmingham Headache Centre Medication Overuse Headache information sheet

Medication overuse affects approximately 2% of the world's population.

It can turn an episodic headache into a chronic daily headache or worsen an already existing daily headache in approximately three months of overuse. Any painkiller can produce this effect when used more than 15 days per month.

This includes all painkillers you buy yourself from a shop or pharmacy or any painkillers your GP or A&E has prescribed for you.

The effect is quicker with codeine or opiate based drugs or with triptans, occurring after only 10 days use per month.

This is a commonly presenting complication when treating headaches. Do not feel guilty that this has occurred. It often happens gradually over time as your headaches have worsened, without anyone warning you of this potential issue. Some doctors who do not frequently treat long term headaches may not have good understanding of this issue.

When you are told that medication overuse headache is making your headache worse it can be frightening and daunting to consider stopping your painkillers. However, we have very good research which confirms that this is a key reason for headaches worsening or not responding to treatment. Therefore it is well worth attempting for the 8-week period as at least 50% of people will get a significant improvement in their headache.

Once you have completed your 8-week withdrawal, you can then go back to using your Painkillers for no more than two days per week for any pain or a maximum of 10 days per month.

### **All Pain killers of any type can cause medication overuse headache when used more than two days per week, this includes**

Paracetamol, Paramol, Panadol, Panadol extra. Aspirin, Anadin, Anadin extra

Ibuprofen, Nurofen, Nurofen extra, Nurofen plus

Migraine pain relief, Supermarkets own pain relief, Paramax, Migraleve, Migramax

Naproxen, Diclofenac, Voltarol, Indometacin, Tolfenamic acid, Mefenamic acid

Co-Codamol, Co-Dydramol, Codeine phosphate, Dihydrocodeine, DF118, Kapak, Zapain,

Tramadol, Tramacet, Morphine, Buprenorphine, Fentanyl, Pethidine

Sumatriptan, Imigran, Naratriptan, Naramig, Frovatriptan, Migard, Rizatriptan, Maxalt, Zolmitriptan, Zomig, Eletriptan, Relpax, Almotriptan, Almogran

## Management of medication overuse headache

1. Stop all painkillers for eight weeks unless on high dose opiates in which case you will be advised by your physician how quickly to reduce these. The withdrawal includes all your painkillers and triptans regardless of why you take them and includes both prescribed and painkillers you buy yourself
2. Look at alternative pain relief such as ice packs, heat packs, massage, anti-inflammatory gels, 4head stick or alternative therapies such as acupuncture
3. Aim for a healthy lifestyle – three meals per day, two litres of non-caffeinated fluid, regular sleep pattern, regular exercise and stress management
4. If nausea and vomiting become an issue during the withdrawal you GP can give you an anti-sickness tablet to help if there is no reason you cannot take these such as significant heart arrhythmias
5. Get support from friends and family to make life as easy as possible during this time. Help with housework, shopping and child care can reduce your stress levels whilst you go through the withdrawal process and give you time to focus on dealing with the withdrawal
6. We sometimes start preventative drugs whilst you do the painkiller withdrawal; however, these take at least four months to be effective once the therapeutic dose is reached. All of these drugs have potential side effects and contra-indications and we will make recommendations to your GP in consultation with you in your clinic appointment
7. Support with time off work during the initial first stages of withdrawal may be necessary as the headaches will get worse before they improve. Please speak to your GP if you think you will need this but talking to your manager so that they are aware of what you may go through will often encourage them to be more supportive

## What you may experience during withdrawal

1. Your headaches may get worse and last longer for the first few weeks. It takes around eight weeks for the pain mechanisms in the brain to start to calm down. The goal at the end of your withdrawal is to have days where you have either no headache or a much less severe daily headache compared to before your withdrawal
2. If your headache does not improve, this does not mean that withdrawing was a waste of your time. We know from research that if you take too many painkillers that these block the preventative medications from working. Therefore, stopping your painkillers gives you a better chance of finding a preventative to work for you
3. As your headaches will be worse to start with you will often find that this can make it harder to sleep at night. If this is a problem, please discuss with your GP using a short course of sleeping tablets or amitriptyline for a few weeks if you have no contra-indications. This is a short-term intervention during the worst of the sleep disturbance. It is not recommended to use long term sleeping tablets as many of these are addictive
4. You may notice nausea, vomiting, or going off your food during the withdrawal. If possible, try to maintain three meals a day and aim for two litres of fluid daily. If vomiting and nausea are a considerable problem then your GP may be able to give you an anti-sickness tablet to take as needed but no more than three times per day. These are not suitable for everyone but your GP will be able to decide if they are suitable for you

5. You can find that during the withdrawal period that you have features of anxiety and low mood, much of this is because you will feel worse before you start to feel better. This is a normal response to pain and will improve in most people over time especially as the headaches start to improve. If you get very anxious to depressed, then please discuss this with your GP as this may require separate treatment

## **Reducing the risk of medication overuse headache in the future**

1. Avoid using codeine or opiate based analgesics in headache this includes mixed drugs such as cocodamol, codydramol, codeine phosphate or shop brought painkillers such as Anadin extra, paracetamol extra if they contain codeine or caffeine
2. Keep triptan dosages under 10–12 days per month
3. Keep simple painkillers, such as ibuprofen or paracetamol usage under 15 days per month. This should be no more than 2–3 days per week in total of any painkiller. You should not be using any form of painkiller more than two days per week, whether this is a triptan, simple painkiller or combination of both
4. Avoid excessive caffeine substitutes or drinks as this also promotes medication overuse headache by affecting how your painkillers are absorbed
5. Remember that the painkillers you take for other chronic pain can still worsen your headaches
6. Try to treat chronic pain, rather than just taking painkillers. Consider referral to the chronic pain control team to manage chronic pain often other drugs or therapies may help with your other pain
7. If your painkiller intake is increasing to over the 10 to 12 day per month levels, consider adding prophylaxis early. This will need at least 4–6 months to be of benefit. You can discuss your choices with your GP
8. Be aware of your painkiller intake, keeping a simple note on your diary can give you a good idea of how often you take your painkillers and if your headaches are worsening this may be a reason
9. Improve your knowledge by gaining more information. The migraine trust website is a very helpful resource. Information can be found at [www.migrainetrust.org](http://www.migrainetrust.org)

**Clinical Director: Dr Benjamin Wakerley**  
**Consultant Neurologist: Professor Alexandra Sinclair**  
**Clinical Nurse Specialist: Claire Fisher**  
**Clinical Nurse Specialist: Stephanie Gregg**  
Department of Neurosciences  
Queen Elizabeth Hospital Edgbaston  
Birmingham, B15 2TH  
Tel: **0121 371 6879** (Secretary)  
Email: [Headache@uhb.nhs.uk](mailto:Headache@uhb.nhs.uk)

## Accessibility

To view this information in a different language or use text-to-speech reader visit [www.uhb.nhs.uk](http://www.uhb.nhs.uk), click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email [interpreting.service@uhb.nhs.uk](mailto:interpreting.service@uhb.nhs.uk).



## How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.** [www.uhb.nhs.uk/fft](http://www.uhb.nhs.uk/fft)

