Confirmation of diagnosis of Medication Overuse Headache in chronic migraine patients treated in a tertiary level headache center

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Background: Clinical management of chronic headache with overuse of symptomatic medications is often a complex task requiring a multidisciplinary diagnostic and therapeutic path. Treatment may involve prophylactic medications intake, withdrawal from symptomatic medications and detoxification strategies (Kristoffersen & Lundqvist, 2014). **Aims**: Purpose of our retrospective study is evaluating the efficacy of the establishment of preventive therapy and withdrawal of symptomatic in patients accessing to our multidisciplinary program for chronic headache with probable medication overuse headache (pMOH). **Materials and Methods**: We reviewed clinical records of 91 patients accessing to our Headache Center from September 2014 to March 2015 and identified 38 pMOH patients (5 males; 33 females; 40.11±10.12 mean age); we retrieved demographical, clinical, medication usage and psychosocial information. At the base-line evaluation (T0) all patients, along with medical and psychological assessment, completed a headache diary, pain Numerical Rating Scale (NRS), Migraine Disability Assessment (MIDAS), and Headache Under-Response to Treatment questionnaire (HURT). Patients were prescribed prophylactic treatment along with symptomatic medications withdrawal. At the follow-up evaluation taking place 2 months after treatment initiation (T1) all measurement were repeated. We considered patients responders if they had > 50% reduction in headache days per month and overused symptomatic medication withdrawal. Using SOFA Statistics 1.4.4 software, we calculated descriptive indicators and evaluated treatment effect using paired-samples Student's t-test on clinical and psychosocial variables between T0 and T1. We set $p<0.05$ as threshold of statistical significance. **Results**: At T0 headache frequency (M±DS) was 21.45±3.95 headache days/month; NRS score was 8.42±0.91; MIDAS score was 43.42±7.71; use of symptomatic headache medication lasting more than 3 months was 23.34±4.27 doses/month. At T1 headache frequency was 11.97±6.22 headache days/month; NRS score was 6.08±1.05; mean MIDAS score was 14.05±5.66; use of symptomatic headache medications was 11.68 doses/month. 55.26% of patients (N=21) were responders and diagnosis of Medication Overuse Headache (MOH) was confirmated. Overused symptomatic medications were nonsteroidal anti-inflammatory drugs (NSAIDs; 65.25%), combination analgesics (24.37%), triptans (7.75%) and ergotaminics (2.63%). We observed a statistically significant treatment effect on headache frequency ($t=10.198$; $p<0.001$), symptomatic medications usage ($t=9.484$; $p<0.001$), pain intensity ($t=9.129$; $p<0.001$) and disability ($t=15.214$; $p<0.001$). **Conclusions**: Our data indicate that withdrawal from symptomatic medications and establishment of prophylactic therapy are effective strategies to diagnose and treat symptomatic medications overuse headache; further developments of our study shall focus on relapse prevention within a 3-year period.

Kristoffersen & Lundqvist (2014). Ther Adv Drug Saf. 5 (2), 87-99