Orange County Migraine & Headache Center

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Medication Overuse Headache

Definition: Medication overuse headache (MOH) is a type of headache caused by overuse of pain medication used to treat the headache. This includes over the counter pain medication like Excedrin (Aspirin/Caffeine/Acetaminophen) as well as prescription medication. MOH is a secondary headache disorder with the underlying cause being overuse of acute pain medication. It is common in patients who have migraine and tension headache. It is commonly also referred to as "rebound" headache.

Characteristics: Typically there is a headache for 15 or more days a month with MOH. The medication taken for the headache helps temporarily but over time the headache worsens, there is increased use of the medication, and the headache becomes more refractory to treatment. The most common medications that cause MOH include:

1. Narcotics/opioids such as Hydrocodone (Vicodin; Norco), Codeine, Dilaudid, Morphine, and Meperidine (Demerol).

2. Butalbital (a barbiturate) found in both Fiorinal and Fioricet

3. Tramadol (Ultram) a narcotic-like pain reliever that works similar to morphine; can be habit-forming

4. Triptans including Sumatriptan, Rizatriptan, Eletriptan, Almotriptan, and Zolmitriptan. *

5. Ergots including ergotamine-containing products such as Cafergot and Ergomar

6. Analgesics especially those containing caffeine such as Excedrin

7. Anti-inflammatories such as Ibuprofen and Naprosyn in some headache patients.

*The two longer-acting triptans Naratriptan and Frovatriptan have not been associated with the development of medication overuse headache. In fact, sometimes they are used to help someone get out of MOH.

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How to Prevent Medication Overuse Headache (MOH)

The best way to prevent MOH is to limit acute migraine/headache medication use to a maximum of 3 times per week with the triptans and analgesics. And it is good to avoid all narcotics/opioids and Butalbital-containing medications if possible as these 2 categories commonly lead to MOH and can be very difficult to then get out of MOH.

If a headache sufferer finds they need acute medication 4 or more times per month, they are candidates for prevention, which can be pharmacological and non-pharmacological. By getting on an effective preventive regimen, there should be more headache free days and less need for acute headache medication, thereby reducing the risk of MOH. Fortunately, there are now many effective preventive treatments available including the new category of the CGRP monoclonal antibody injections.

How to Treat Medication Overuse Headache (MOH)

If an individual is already in MOH, there is hope and help available. The treatment has to be individualized but typically involves starting on a preventive medication and/or treatments and slowly tapering off the medication of overuse, e.g. Sumatriptan or Fioricet. In some cases, the patient may prefer to stop the medication of overuse abruptly and a treatment regimen can be done during that time as a bridge to reduce both withdrawal symptoms and headache exacerbation.

Effective short-term treatment to help get out of MOH may include a combination of a long-acting triptan, a course of steroids, IV treatment with Dihydroergotamine (DHE) and an anti-emetic such as Zofran or Reglan. For some patients, a 3 day consecutive Infusion Center Stay or a hospitalization may be required. Occipital nerve blocks can be helpful as well. In summary, there are many strategies that can be used to help a patient move away from MOH and get back to an infrequent episodic headache pattern. We are here to help!

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