CHRONIC DAILY HEADACHES-TREATMENT STRATEGIES

DEFINITION OF CDH: Headaches more than 15 days/month; patient often complains that they wake up every morning with a dull headache; they still may get what they call their more severe “migraines” but now present with daily or near daily dull headache

CAUSES OF CDH: Often caused by analgesic rebound, such as OTC Excedrin Migraine; also by excessive butalbital use (Fiorinal; Fioricet; Phrenilin; Esgic-Plus); also by narcotic overuse, such as Vicodin. Other potential causes: stress; depression; excessive caffeine consumption; alcohol abuse; lack of sleep; new herbal supplement; change in hormone regimen-new birth control pill; etc.); MVA; major life stress.

TAKE-HOME MESSAGE: With CDH, think REBOUND first!!!

TERMINOLOGY: CTTH (chronic tension type headache-rare); TM (transformed migraine-common; new proposed name: CM-chronic migraine); DRH-drug rebound headache. These are all “subsets” of CDH.

Message to patient: Do you want your headaches to go away? The very medication you are taking to help your headache is making it worse; if you are taking more than 15 a month of your Fiorinal, it can be causing rebound! If you are taking daily Excedrin Migraine, you are getting rebound headaches. Are you willing to have your headaches increase temporarily while we get you off your (Butalbital; Analgesic; etc?)

Then, if the patient willing to have temporary increase of headache in exchange for getting rid of their chronic daily headaches, here are some possible “detox” regimens; these are not FDA approved so use these as you see appropriate for your patients, taking into account their medical history, etc.

1. Detox Regimen #1: Stop the Butalbital or OTC Analgesic; put them on a triptan BID for 5 days; e.g. Imitrex 100 mg BID for five days; or Amerge 2.5 mg ½ to 1 tablet BID; consider Klonopin .5-1 mg prn during this time. If they can make it through the five days, they can be well on their way to stopping their cycle of CDH…the trick is making it through those five days!!!

2. Detox Regimen #2: Begin a TCA at bedtime such as Pamelor or Elavil; 10-30 mg HS; once on it for at least 4-5 days, then have them stop their butalbital or OTC "problem medication" and put them on triptan BID for five days to prevent bad headaches during this withdrawal time; for break-through-consider short-course of steroids such as Medrol Dose Pack.

3. Detox Regimen #3: Begin a TCA and a Beta blocker at the same time for prophylaxis; combinations such as Inderal/Elavil or Atenolol/Pamelor; consider this for the patients who have been taking Butalbital products daily for a long time; again, a triptan BID for up to five days when they go off their offending agent.

4. Detox Regimen #4: Begin Depakote (Depokote is FDA approved for prevention of Migraines, but seems to work well at preventing the CDH as well); begin at low dose and increase gradually due to side-effect of drowsiness; begin at 125 mg BID, then 250 mg BID; alternatively, increase to the 500 mg ER dose that can be taken at bedtime only; can also cause wt-gain and hair loss, so warn patients the Depakote is only for a few months to "break the cycle" of their daily headaches…and that it will help prevent their more severe migraines as well! Once on the Depakote for 2-3 weeks, have them stop their "offending" medication- and OK to take triptan BID for 5 days in a row. If difficulty, consider Klonopin .5-1 mg as needed for withdrawal symptoms; in some cases, 5 days off work may be necessary.

5. Detox Regimen #5: Admit patient (probably in conjunction with neurologist) and administer DHE for 3 days; may also need to give Reglan Q8H IVP as needed nausea; Clonidine patch may help also with withdrawal symptoms. Consider discharge on a preventative such as Depakote or Topamax.

6. Detox Regimen #6: If depression present, consider combining an SSRI with a TCA; once stabilized and feeling better, then stop the "offending" agent and give triptan BID for 5 days.

7. Detox Regimen #7: Zanaflex (antispasmodic)-an alpha-2 adrenergic agonist; begin at low dose of 2 mg HS and increase gradually as tolerated; dry mouth and drowsiness most common side-effects; recent studies have shown success at reducing the CHD with average daily dose

of 20 mg divided over three doses per day. Once tolerating Zanaflex, then try to stop the "offending drug".

8. Detox Regimen #8: Amerge 2.5 mg QD for seven days; then QOD for three doses; the long half-life of Amerge makes it a good triptan for detox regimens.

Other: With any detox regimen: institute non-pharmacologic measures such as ice packs; massage; acupuncture; biofeedback; stress-reduction measures.

REMEMBER: None of these "detox" regimens is FDA approved; these are just to help you as you try to help the 5% of the US population that suffers from CDH-defined as headache of at least four hours duration occurring more than 15 days per month.

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