

Long-term efficacy of detoxification in patients with medication overuse headache: one-year follow-up

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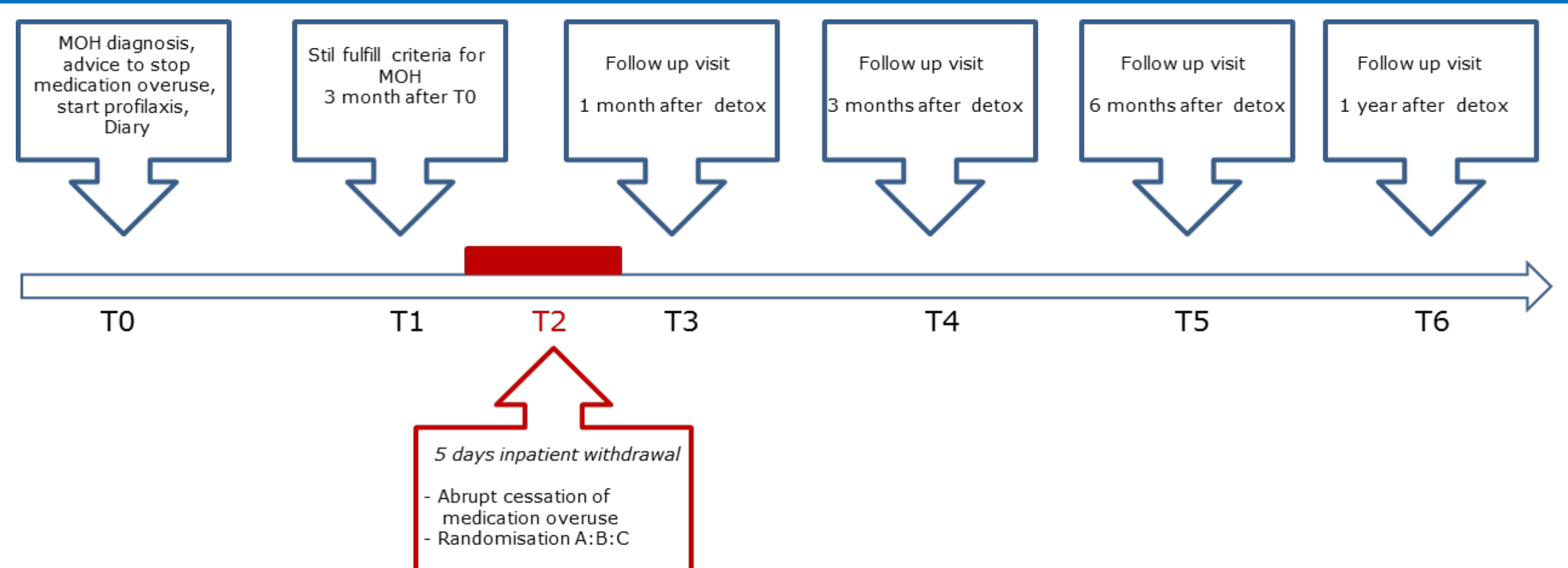
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Objective:

To evaluate the long-term efficacy of detoxification in patients with medication overuse headache (MOH).

Method:

MOH patients, unresponsive to prophylaxis, underwent in-patient detoxification. In a randomized, single-blinded, placebo controlled trial, overused medications were suddenly stopped and methylprednisolone 500 mg i.v. (A) or paracetamol 4 g i.v. (B) or placebo i.v. (C) were given daily for 5 days. Patients were monitored at 1, 3, 6 and 12 months after in-patient withdrawal program. A clinical diary in which patients recorded headache attacks and painkillers assumed for headache during the study period was checked at every visit.



Results:

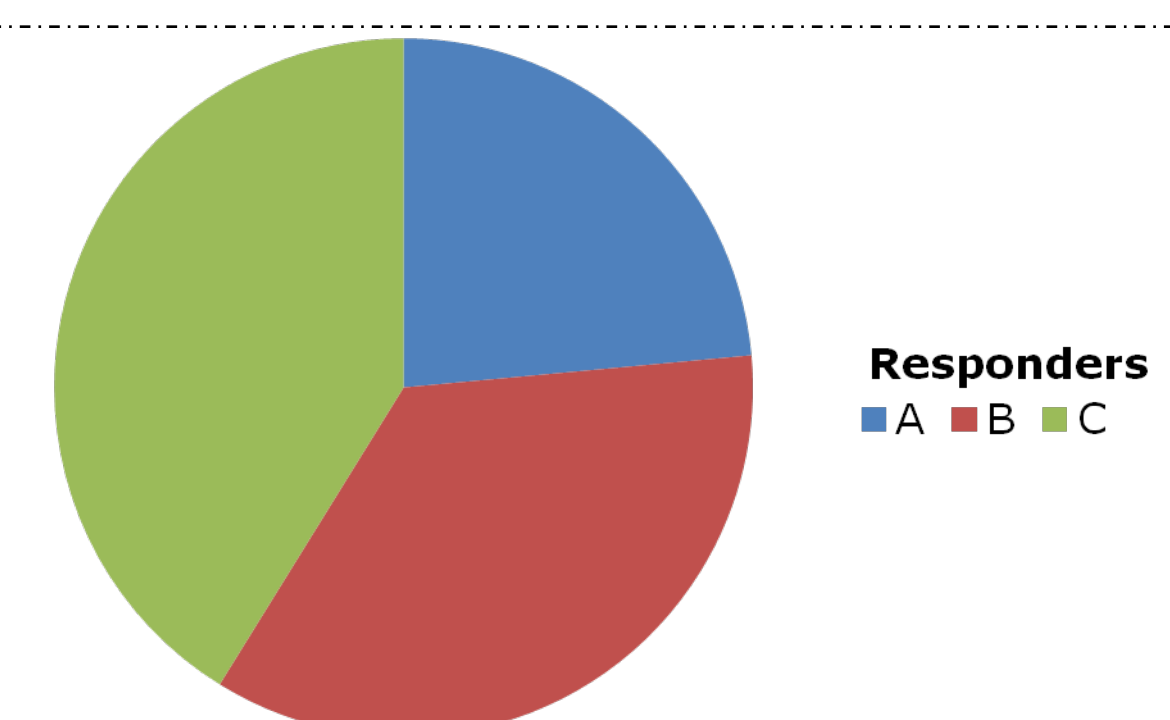
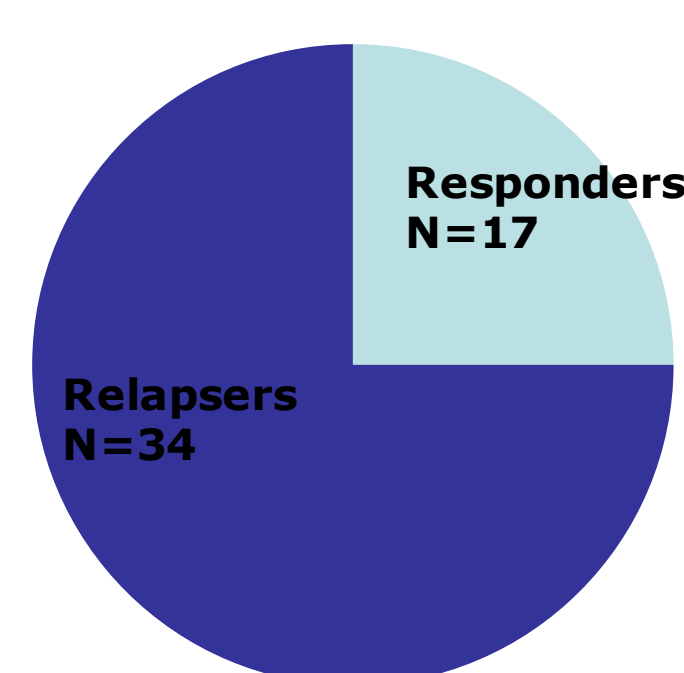
57 MOH patients (50 F, 7 M; mean age 47.3 ±10.3) completed detoxification. 19 patients were randomized to A, 19 to B and 19 to C. Three patients randomized on C group dropped out during the recovery.

After the recovery, one patient randomized on C group was lost at one month follow-up. Of the 53 remaining patients, 33 (62.2%) returned to an episodic migraine and 39 (73.6%) stopped to overuse medications, with no detectable differences among groups. Overall headache frequency was reduced to a median (IQR) of 13.5 (8-24) while frequency of medication intake was reduced to a median (IQR) of 8 (5-13) without differences among groups. After the **three months** of follow-up 28 (52.8%) participants still presented episodic migraine: 9 (50.0%) randomized on A group, 8 (42.1%) on B and 11 (68.7%) on C without significant differences.

At **six months**, two more patients randomized on A and C were lost at follow-up; 19 (37.3%) patients were still episodic and 7 (13.7%) relapsed into MOH.

Sample	N (%)	TOTAL	WITHDRAWAL THERAPY GROUPS			p value
			Methylprednisolone	Paracetamol	Placebo	
Headache frequency < 15 days T3	N (%)	29 (54.7)	10 (55.6)	8 (42.1)	11 (68.8)	0.264
≥ 15 days at T3	N (%)	20 (37.7)	8 (44.4)	8 (42.1)	4 (25.0)	
≥ 15 days at T4	N (%)	4 (7.6)	0 (0.0)	3 (15.8)	1 (6.2)	
Medication overused after detoxification < 15 days T3	N (%)	33 (62.3)	11 (61.1)	9 (47.4)	13 (81.3)	0.216
≥ 15 days at T3	N (%)	14 (26.4)	6 (33.3)	6 (31.6)	2 (12.5)	
≥ 15 days at T4	N (%)	6 (11.3)	1 (5.6)	4 (21.0)	1 (6.2)	
Headache frequency T3 (days/month)	med; p25-p75	13.50; 8-24	14.5; 7-26	17; 9.4-24	10; 7.5-17	0.4276
Headache frequency T4 (days/month)	med; p25-p75	13.50; 7-20	14; 4-26	17; 7-20	12; 7-18	0.7351
Frequency of Medication Intake T3 (days/month)	med; p25-p75	8; 5-13	8; 4-14	8.5; 6-17	7.5; 4-9.5	0.4377
Frequency of Medication Intake T4 (days/month)	med; p25-p75	9.5; 4.5-13	10.5; 4-15	10; 5-14	9; 7-10	0.8507

After **one year of follow-up**: 17 (33.3%) participants still presented an episodic migraine: 4 (23.5%) randomized on A group, 6 (35.3%) on B and 7 (41.2%) on C.



Discussion:

It is still highly debated the role of detoxification programs in MOH. Our results suggest that 62% MOH patients resistant to prophylaxis reverted to an episodic migraine and 73% had no more medication overuse after one month. After the three months of follow-up 52% of subjects still presented an episodic migraine and 62% were recovered from medication overuse. Only one-third of patients have long-term efficacy, with an episodic pattern of attacks at 6 and 12 months follow-up.

Conclusions:

This study suggests that in a population of severe MOH patients, detoxification may have a long-lasting efficacy. One-third of patients is cured of MOH one-year after detoxification.

References

- Kristoffersen ES, Lundqvist C: **Medication-overuse headache: epidemiology, diagnosis and treatment.** Ther Adv Drug Saf. 2014;5(2):87-99.
- Cevoli S, Giannini G, Favoni V, Sancisi E, Nicodemo M, Zanigni S, Grimaldi D, Pierangeli G, Cortelli P: **Treatment Of Withdrawal Headache In Patients With Medication Overuse Headache (MOH): A Randomized, Single-Blinded, Placebo Controlled Study.** Neurology 2014,82 (10 Supplement): P1.261.