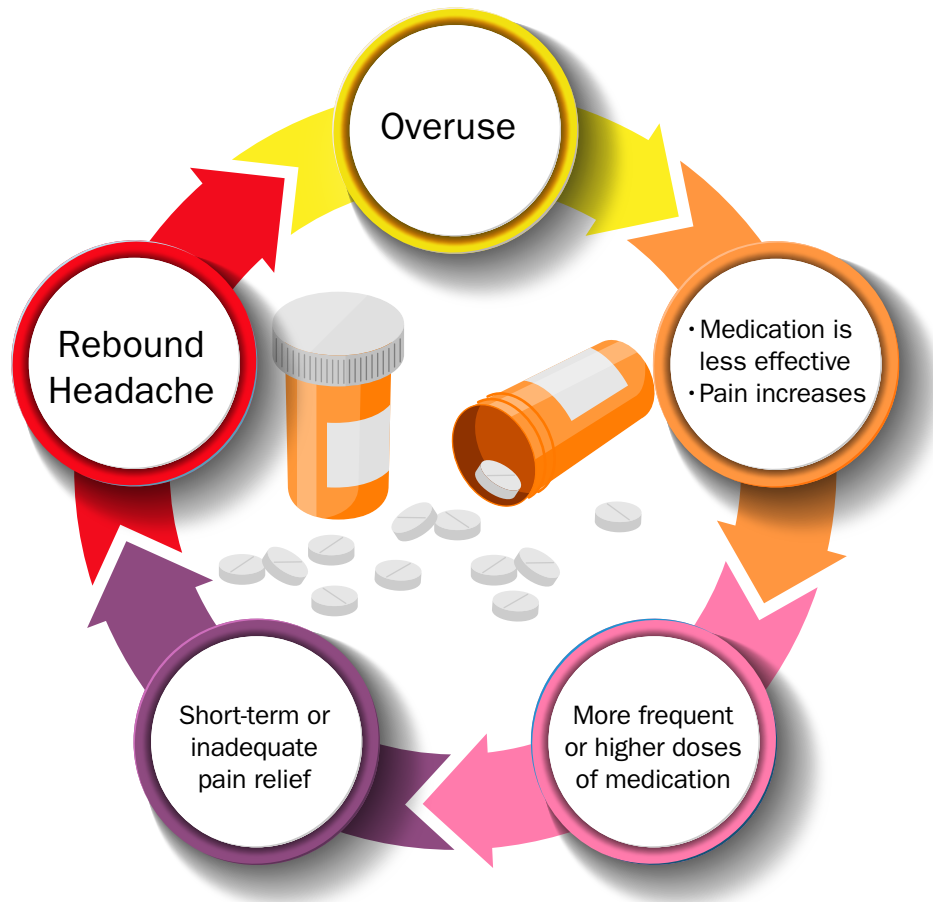


MEDICATION OVERUSE HEADACHE FOLLOWING CONCUSSION/MILD TRAUMATIC BRAIN INJURY

Traumatic Brain Injury Center of Excellence

WHAT IS A MEDICATION OVERUSE HEADACHE?

- Medication overuse headache, or rebound headache, can occur when medications that are supposed to be used as needed to stop the headache (abortive), are used too often or overused.
- Overuse can occur for multiple reasons including:
 - Inadequate pain relief
 - Ineffective medication
 - Increase in headache frequency or intensity.
 - Untreated conditions that can worsen headache.
- Overuse can increase pain and decrease the effectiveness of medication, leading to the use of more medication and less pain relief.
- As the medication wears off, a rebound headache occurs, and the cycle continues...



HOW IS MEDICATION OVERUSE HEADACHE TREATED?

- The overused medication will be stopped or gradually decreased, and your provider may prescribe new medications that will be more effective for your headaches. Follow the directions from your provider on page 2 if applicable.
- Your headaches may increase initially, but once the overused medication is stopped or gradually decreased, and your new medications become effective, you should see an overall improvement in your headaches.
- **TYLENOL,* Excedrin,* MOTRIN,*** migraine specific medications (e.g., **IMITREX, ZOMIG**)* can be stopped all at once.
- **CAUTION:** Due to potential adverse effects, talk to your provider before stopping opioids (e.g., **TYLENOL*** with codeine) or barbiturates (e.g., **Fioricet***).

HOW DO I PREVENT MEDICATION OVERUSE HEADACHE?

Limit	<p>Do not take the following medications more than twice per week. Contact your provider if you need to use these medications more often or if you have worsening, severe, or long-lasting headaches. Frequent use could suggest that your current abortive headache medications are not working.</p> <ul style="list-style-type: none"> • Acetaminophen (TYLENOL*) • Ibuprofen (MOTRIN*) • Combination acetaminophen, aspirin, and caffeine (Excedrin*) • Migraine specific medications, e.g., sumatriptan (IMITREX*), zolmitriptan (ZOMIG*)
Avoid	<ul style="list-style-type: none"> • Opioids, e.g., acetaminophen and codeine (TYLENOL* with Codeine) • Barbiturates, e.g., butalbital, acetaminophen, and caffeine (Fioricet*)
Identify and address triggers	<p>Use a headache diary to track your headache symptoms and identify specific triggers so that you can plan for or avoid them.</p> <ul style="list-style-type: none"> • Download and fill out a 7-day headache diary to share with your provider. • Refer to the Management of Headache Fact Sheet to help identify and address triggers (e.g., caffeine, alcohol).
Identify and address other potential causes	<p>Talk to your provider about other conditions that can contribute to medication overuse headache and refer to TBICoE patient education handouts for more information on:</p> <ul style="list-style-type: none"> • Sleep problems, e.g., insomnia, sleep apnea • Pain, e.g., neck pain • Behavioral health conditions, e.g., anxiety, depression, PTSD, substance abuse

**TYLENOL and MOTRIN are registered trademarks of Johnson & Johnson. Excedrin is a registered trademark of GSK Consumer Healthcare. IMITREX is a registered trademark of Glaxo Group. All rights reserved. Use of brand names in this product does not imply endorsement by the DOD.*

THIS SECTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Stop or gradually decrease these medications: _____

Start taking this medication **as needed** for breakthrough headaches, but no more than twice a week:

Start taking this medication **daily**, regardless of whether you have a headache, to prevent future headaches:

Do you have questions about this fact sheet? Feedback? Email dha.TBICoEinfo@health.mil.