

FACT SHEET

What is Chronic Daily Headache?

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"I started to get headaches which would come on in the middle of the afternoon. I could carry on working through them but it was hard to concentrate. I found that a couple of pain-killers would ease the headache. The headaches started to get more frequent and now I take pain-killers most days. My head never seems to clear completely."

Chronic Daily Headache (CDH) is a descriptive term applied to headaches of any type occurring on 15 or more days every month that are not secondary to any other medical problem.

Who gets CDH?

About 1 in 20 people develop this problem at some time in their life. It is more common in women than men.

What are the different types of CDH?

There are many different types of CDH, and they are generally defined by their underlying causes. Tension-type headache and medication overuse headache are the commonest causes of CDH. A specific leaflet is available for Tension-type headache.

What are the symptoms of CDH?

The pain is dull and constant but may fluctuate throughout the day. It is temporarily relieved (in many cases only partially) with painkillers or migraine treatments.

Other symptoms include fatigue, nausea, irritability and difficulty sleeping.

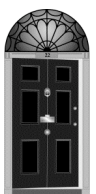
Do I need any tests?

There are no tests to confirm the diagnosis, which is based on the description of the headaches and the lack of any abnormal findings on examination.

If there is any uncertainty about the diagnosis, tests may be done to rule out other causes of headaches.

A doctor should be able to tell quite easily whether the person has any illness more serious than CDH.

It is very important that the person suffering from the headaches gives full details about their symptoms, including how many painkillers they are taking, and how frequently they are taking them.



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What causes medication overuse headache?

Any drugs used to treat the symptoms of headache can cause medication overuse headache (MOH).

For most people with occasional headaches, painkillers are a safe and effective treatment. However, MOH may occur in anyone taking symptomatic headache treatments regularly on more than three days a week. Typically, the sufferer has had infrequent attacks of headache or migraine. For varying reasons the headaches increase. This may be because an additional headache has developed, perhaps due to stress or muscular pain. The increase in headache leads to increasing use of medication, often daily, in an attempt to control the symptoms.

Many people try to reduce the amount but experience a withdrawal syndrome of worsening headache, for which more drugs are taken; this results in a vicious circle, which can be difficult to break. It makes no difference how much you take - if you regularly use the full dose of painkillers on less than a couple of days a week, you are unlikely to develop MOH. However, if you take just a couple of painkillers most days, you may well be making your headaches worse.

The exact mechanism of this type of headache is unknown but it is generally believed that a disturbance of central pain systems is involved.

What can I do to help myself?

The **only** way of treating this condition is to **stop the medication**, and **for most people this works**. This can be either abruptly stopping or by gradually reducing the amount over 2-3 weeks. Abrupt cessation almost invariably causes withdrawal symptoms consisting of excruciating headaches, nausea, vomiting, anxiety and insomnia, which appear within 48 hours and may last for up to 2 weeks. However, those who try to do it slowly seem more likely to fail.

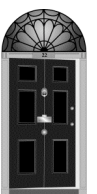
Clinical studies show that up to 60 per cent of people who are withdrawn from drugs improve although it can take up to three months before full improvement is seen.

Keep a diary

Diary cards can be used to record a great deal of relevant information about your headaches, particularly how often you get them, how long they last and what your symptoms are. They are also valuable in assisting diagnosis, assessing trigger factors and assessing the effectiveness of treatments.

What treatment can I take?

A doctor can prescribe drugs such as amitriptyline and naproxen, to be taken every day to help withdrawal, but they are only effective if all other headache medication is stopped.



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Will it get better?

Management of CDH depends on the diagnosis and the underlying cause. If the headache is associated with the overuse of medication, then it usually improves once the offending medication is stopped.

Even if headaches do remain three months after stopping the drugs, the underlying cause usually become apparent and is more responsive to specific treatment.

This information is provided as a general guide only. If you have any queries or concerns about your headaches or medications please discuss them with your GP or your City of London Migraine Clinic Doctor.

Dr Anne MacGregor July 2006
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What if I just carry on as I am?

If medication overuse is causing frequent headaches, carrying on as you are is not an option. You will continue to frequent headaches, which will not respond the preventative medications. Eventually you may do yourself other harm as well, such as damage to the liver and kidneys.

How can I make sure it doesn't happen again?

Always read the leaflet and packaging before taking any drugs and if the headache doesn't get better, never continue taking them without consulting a doctor. You can restart to use symptomatic treatment 'as required' when the pattern of your headaches returns to 'normal'. To prevent a recurrence of medication overuse headache, as a general rule try to avoid treating headaches more than three consecutive days.

See a doctor if frequent headaches do not go, or if they return again in the future.

the City of London Migraine Clinic

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