Chronic daily headache with analgesic overuse
Epidemiology and impact on quality of life

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R. Colás, MD; P. Muñoz, MD; R. Temprano, MD; C. Gómez, SW; and J. Pascual, MD

FROM ABSTRACT:

Objective:
To analyze the prevalence and demography of chronic daily headache (CDH) with analgesic overuse.

Methods:
A population of 9,984 inhabitants aged 14 or older living in Santoña, Spain, was studied.

Quality of life (Short Form-36 Health Survey [SF-36]) was assessed.

Results:
The mean age at onset of CDH was 38 years (range 9 to 82 years), whereas the mean age at onset of CDH with frequent analgesic consumption was 45 years (range 19 to 80 years) and that of primary headache was 22 years (range 5 to 60 years).

CDH subjects showed a significant decrease in each SF-36 health-related score as compared with healthy control subjects.

35% of patients overused simple analgesics
22% of patients overused ergotics
12.5% of patients overused opioids
2.7% of patients overused triptans
The remaining 27.8% were overusing different combinations.

Conclusion: CDH with analgesic overuse is a common disorder in the general population, mainly in women in their fifties, in whom 5% meet its diagnostic criteria.

THESE AUTHORS ALSO NOTE:

“Primary daily or near-daily headache is a common problem in clinical practice, accounting for 40% of patients seen in headache clinics and 10% of outpatient general neurologic consultations. [WOW!]
“The term ‘chronic daily headache’ (CDH) encompasses those primary headaches, including those with analgesic medication overuse, presenting 15 days/month and lasting 4 h/day untreated.”

4.1% of Americans and 4.7% of European suffer from CDH.

“In US specialty headache clinics, 60 to 80% of patients who presented with CDH used analgesics on a daily or near-daily basis.” [WOW!]

“In European headache centers, 5 to 10% of patients have drug-induced headache.”

“These data teach us that CDH with analgesic overuse is a dramatic problem in headache clinics.”

The distribution of analgesic overuse was as follows:
- 34.7% of patients overused simple analgesics
- 22.2% ergotamine-containing medications
- 12.5% opioids
- 2.7% triptans
- 27.8% were overusing different combination of these pharmacologic groups

The most consumed drugs were paracetamol (54.2% of subjects), caffeine (48.6%), ergotics (37.5%), propifenazone (34.7%), aspirin (18.1%), and codeine (12.5%).

“Patients were taking, on average, 2.5 different pharmacologic components simultaneously (range 1 to 6).”

DISCUSSION:

“CDH with analgesic overuse is a common disorder in the general population, with a prevalence of 1.4%.”

“Our results also demonstrate that in the general population, CDH with analgesic overuse itself induces a remarkable decrease in all quality-of-life aspects studied by the SF-36, with body pain and role physical being the most affected items.”

“More women (prevalence 2.6%) than men (0.2%) had CDH and analgesic overuse.”

“The prevalence of CDH with analgesic overuse increases with age until reaching its maximum during the sixth decade of life, when 5% of women fulfill criteria for this condition.”

“The mean duration of primary headache in our patients was 35 years, whereas the mean duration of daily or near-daily drug intake was 11 years.”
In Italy, 37.8% of the CDH subjects overused analgesics, which would give a prevalence for CDH with analgesic overuse of 1.7%.

A recent study in China found that 25% of that headache population overused analgesics, which would indicate a prevalence for CDH with analgesic overuse of 1%.

There is a CDH prevalence of near 5%, and around 30% of CDH patients in the general population overuse of symptomatic medication.

“Headache-prone patients often develop daily headaches if put on analgesics for a non-headache indication, which shows that headache patients are especially vulnerable to rebound.”

“The most probable role of analgesics in CDH is that of exacerbating the headache disorder by inducing rebound headache and interfering with the effectiveness of prophylactic headache medications.”

In this study, other uses of caffeine (other than drugs), for example, coffee or cola, were not investigated.

“This study highlights the public health impact of CDH with analgesic overuse, a condition that greatly decreases the quality of life and accounts for reduced efficiency at work. This impact is most pronounced in women in their fifties, in whom 5% meet the criteria for CDH with analgesic overuse.”

KEY POINTS FROM DAN MURPHY:

1) All classes of headache drugs, including simple analgesics, can cause chronic daily headache.

2) Chronic daily headache can begin as early as age 9 years.

3) In this study those with chronic daily headache consumed analgesic drugs for an average of 45 years, with a range of 19 to 80 years. [Yet, there is an insurance reimbursement attitude that these patients should be entitled to only a few months, at most, of chiropractic management of their headaches].

4) Those with chronic daily headache have a significant decrease in systemic health and wellbeing, as assessed with the SF-36 health questionnaire, as compared with healthy control subjects.

5) 4.1% to 4.7% of the population suffers from chronic daily headache.

6) 60% to 80% of patients with chronic daily headache use analgesics drugs on a daily or near-daily basis. 30% of chronic daily headache patients overuse their headache drugs.
7) For those with headaches, 40% suffer from chronic daily headache.

8) 5% of those with chronic daily headache are probably related to the drugs they take for their chronic daily headache. This is called rebound headache.

9) Caffeine drugs are abused by those with chronic daily headache. Caffeinated coffee and sodas can apparently be a cause of chronic daily headaches.

10) Those with chronic daily headache take on average 2.5 different drugs components simultaneously for their headache, with a range of 1 to 6.

11) Headache-prone patients who are put on analgesics drugs for non-headache reasons can develop chronic daily headaches as a consequence of those drugs.

