



## Rebound Headache Program Therapeutic Intervention Principles (TIPS)

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### Migraine Triggers:

- ❖ Lack of sleep/Alterations in sleep cycle
- ❖ Stress
- ❖ Alcohol
- ❖ Skipping meals/Fasting
- ❖ Hormonal fluctuations
- ❖ Tyramine containing foods (ex: aged cheese)
- ❖ Monosodium glutamate (MSG)
- ❖ Weather changes
- ❖ Medications such as:
  - Indomethacin (Indocin®)
  - Isosorbide dinitrate (Isordil®)
  - Isotretinoin (Accutane®)
  - Nifedipine (Adalat®, Procardia®)
  - Captopril (Capoten®)-
  - Cimetidine (Tagamet®)
  - Erythropoietin (Epogen®, Procrit®)
  - Nitroglycerin products
  - Trimethoprim-sulfamethoxazole (Bactrim™)
  - Erectile dysfunction Viagra®, etc.

### Drugs known to cause drug-induced (rebound) headaches:

- ❖ Opioids
- ❖ Short-acting barbituates (Fiorinal®, Fioricet®, Esgic®)
- ❖ Ergotamine tartrate compounds (Cafergot®)
- ❖ Triptans
- ❖ Benzodiazepines
- ❖ Analgesics (Aspirin, Acetaminophen, NSAIDs)

### Medication Overuse Headache Diagnostic Criteria:

- 15 Headache days per month
- Minimum dose of medication 2 days per week
- Ergots 2 days/week, 1 month
- Triptans > 3 days/week, > 2 weeks
- Simple analgesics > 3 tabs/day, >4 days/week
- Barbiturate/analgesics, > 2 tabs/day, >3 days/week-
- Opioids, >1 tab/day, >2 days/week

### Rebound Headache Treatment Principles:

- ❖ Preventative medication is often **ineffective** in patients who are overusing acute medication.
- ❖ Detoxification is indicated in patients using:
  - a) Analgesics, ergots, opioids > twice per week
  - b) Butalbital-containing analgesics or triptans > 3 days per week
- ❖ Corticosteroids (6- to 14-day tapering steroid course with chlorpromazine suppositories) can help with detoxification from barbituates, ergots, triptans, and low doses of opioids.
- ❖ Inpatient detox may be needed in patients treated unsuccessfully in an out patient setting or in those with significant medication overuse. Refer to a neurologist or headache specialist.
- ❖ Patients need to be counseled that their medication is part of the **cause** of their headache.
- ❖ Give each prophylactic treatment an adequate trial. A full therapeutic trial may take 2-6 months.
- ❖ **The key to treatment is to discontinue the offending medications and to break the cycle of daily headache.**



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### Guide to Prophylactic Migraine Treatment\*

Generic Name	Trade Name	Dosage Range (mg/day)	Potential Side Effects
<b>Beta-Blockers</b>			
Propranolol	Inderal	20-360	Fatigue, depression, asthma, dizziness, reduced blood pressure
amidot			
Metoprolol	Toprol-XL, Lopressor	50-100	Fatigue, depression, asthma, dizziness, reduced blood pressure
<b>Antidepressants</b>			
Amitriptyline	Elavil	10-50	Drowsiness, dry mouth, constipation, weight gain, urinary hesitancy (use caution in elderly).
Nortriptyline	Pamelor	10-50	Drowsiness, dry mouth, constipation, weight gain, urinary hesitancy
<b>Antiepilepsy Drugs</b>			
Divalproex sodium	Depakote, Depakote ER	500-1500, 500-1000	Drowsiness, hair loss, tremor, weight gain, nausea
Topiramate	Topamax	45-200	Weight loss, confusion, kidney stones, glaucoma, tingling of arms and legs
<b>Calcium Channel Blockers</b>			
Verapamil	Calan, Covera, Verelan	80-480	Constipation, reduced blood pressure, altered heart rhythm, swelling

\* When selecting a prophylactic agent, consider comorbid conditions. (i.e: depression - TCA; Raynaud's-Verapamil)

The FLRx recommendations above are provided for physician consideration. In making these recommendations, FLRx recognizes that not all medications listed are covered by the FLRx prescription drug benefit.