Tips for Recognizing and Managing Rebound Headaches

Headaches can intensify by the overuse of the following medications:

<table>
<thead>
<tr>
<th>Over-the-Counter</th>
<th>Acetaminophen, aspirin, ibuprofen, naproxen, combination products that contain aspirin, acetaminophen, and caffeine-Excedrin®</th>
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<tbody>
<tr>
<td>Barbiturates</td>
<td>Acetaminophen/caffeine/butalbital, aspirin/caffeine/barbiturate combinations</td>
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<td>Ergotamines</td>
<td>Cafergot</td>
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<td>Triptans</td>
<td>Imitrex, Axert, Amerge, Zomig, Relpax, Maxalt, Frova</td>
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How do I know if I may be experiencing a rebound headache?

- When taking one or more of the medications listed above becomes part of an almost daily routine.
- Medication becomes less effective so more is needed to relieve the headache.
- Stopping or slowing the medication results in worsening of headache.
- The headache lasts between 4 and 24 hours, with mild to moderate, non-throbbing steady pain in any part of the head.

What can I do about rebound headaches?

- Do not abruptly stop taking any medications.
- Consult your physician. He or she may refer you to a neurologist.
- If you are instructed to slowly withdraw from medications, understand that your headaches may get worse before they get better.
- It may take 2-3 months before you notice improvement and a decrease in the frequency, severity, and duration of your headaches.
- Be proactive – use the enclosed headache diary, and take medications exactly as directed.
- If prescribed a preventative medication to take on a daily basis, start a low dosage and increase it slowly. Give it a fair trial before giving up. These medications take time to reach their maximum potential.