

Chronic daily headache in a specialized headache center

One-year follow-up study

A Pampliega¹, L Turpín¹, S Martí¹, J Morera-Guitart²

1. Department of Neurology, Hospital General de Alicante. Alicante (Spain)

2. Headache center, Hospital de San Vicente. Alicante (Spain)

- The term “chronic daily headache” (CDH) encompasses those primary headaches presenting > 15 days/month and lasting > 4 hours/day over a period > 3 months. Under the term of CDH, Silberstein et al. classified these headaches into: transformed migraine (TM), chronic tension-type headache (CTTH), new daily persistent headache (NDPH), and hemicrania continua (HC). Each of these categories can meet or not criteria for symptomatic medication overuse. In the second edition of the IHS (2004), headache attributed to medication overuse will be recognized as a separate entity.
- CDH accounts for 40% of patients seen in headache clinics and 10% of outpatient general consultations. The prevalence of CDH in the general populations is around 4-7%.
- The aim our study is to analyze the prevalence and demography of CDH in a specialised headache center and to describe their clinical evolution at one year.

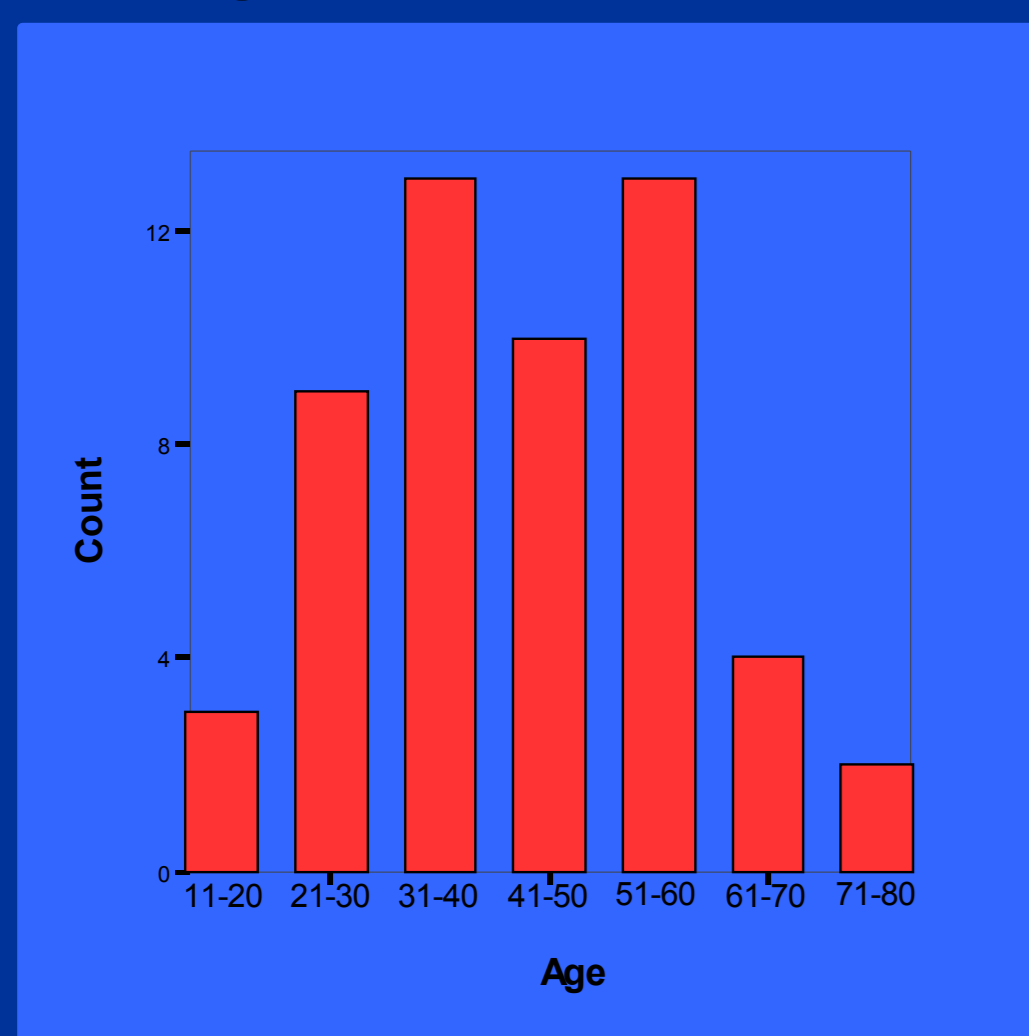
PATIENTS AND METHODS:

- We determine the percentage of patients with CDH in a specialised headache center coming from the neurological units in our area (May 2004-December 2005)
- We establish the prevalence, the classification and the rate of analgesic overuse of the patients visited with chronic daily headache (CDH) in our center. Secondary headache disorders, except for cervicogenic headache are excluded from this group. We also collected data about the age, gender, psychiatric comorbidity and the treatment administered
- Patients were reevaluated within two months and one year, considering any improvement in their personal opinion and regarding the presence of analgesic overuse.

RESULTS:

- We gathered data from 240 patients, 77 (32%) were diagnosed of CDH

Mean age: 44.89 years [11-79] ; SD 16,29



- 81.2 % women, 18.8% men
- Mean time of evolution: 83 months [3-900]; SD 183
- Hours/day 12.82 [4-16] (SD 4.89)
- Days/month: 25.3 [15-30] (SD 5.65)
- Psychiatric disorders: 47.3%

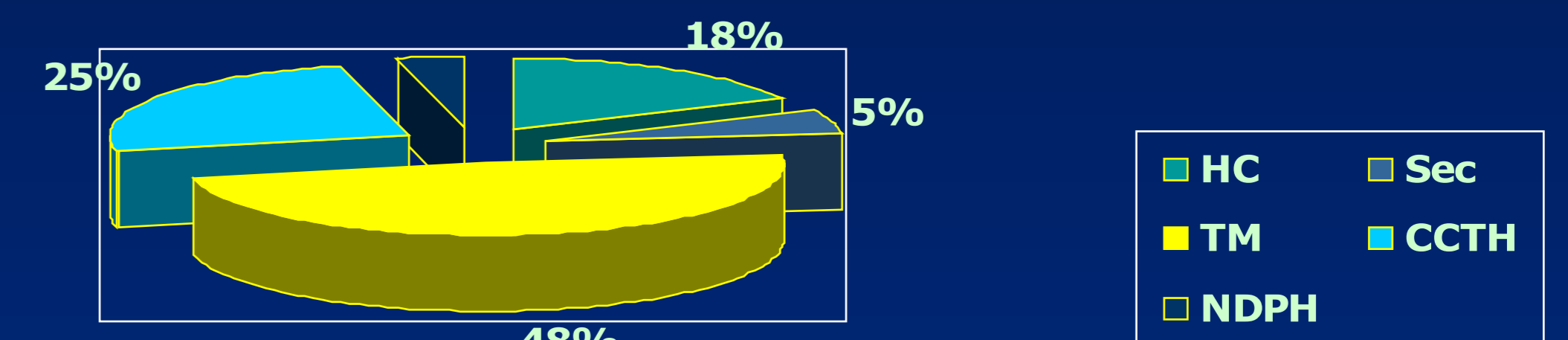
DISCUSSION:

- The prevalence of CDH in our population (32%) is lower than expected, probably because of the inclusion of cervicogenic headache. Migraineurs constitute the main group of patients with CDH
- Poor outcome is associated with analgesic overuse, paracetamol and ergotamine-containing medications are the most frequently involved medications. The rate of analgesic overuse (42%), permits us to conclude that it is a necessary but not sufficient condition for the transformation of an episodic migraine or tension-type headache into CDH. It probably exacerbates the headache disorder by inducing rebound headache and interfering with the effectiveness of prophylactic headache medications. The rate of analgesic overuse has been dramatically reduced after one year (13%)
- None of the prophylactic treatments has proved to be more efficacious than the others. Most of them have been studied for their use in episodic migraine but have not extensively been evaluated in chronic migraine or chronic daily headache.
- The outcome at one year is specially favorable. 82% of the patients admitted that they felt better or much better than in their first visit in the headache unit. We support this results in the patient's opinion but we should have considered other parameters such as the decrease in quality-of-life aspects.

CONCLUSIONS:

2. Chronic daily headache is a common problem, accounting for a 32% of our population, almost half of the patients have chronic migraine
3. Analgesic overuse is very frequent in CDH, the rate of analgesic overuse has been dramatically reduced during follow-up (69%)
4. Most subjects (82%) feel better or much better after one year follow-up in this specialized headache center. Nevertheless, the majority of patients with CDH will not ever visit the neurologist

- Transformed migraine (TM) is the most important group (48%), followed by CCTH (25%);



- Analgesic overuse was 42.7% (38% males, 43% females; mean age: 54 years).

The distribution of analgesic overuse was as follows:

- paracetamol 32.3%
- other simple analgesics 25.8%
- ergotics 22.6%
- opioids 3.2%
- combination of drugs 16%
- Several preventive agents have been used in CDH:
 - calcium channel blockers 17.1%
 - beta-blockers 5.7%
 - topiramate 11.7%
 - amitriptyline 22%
 - other antidepressants 20.8%

- In our population, none of these treatments has proved to be more efficacious than the others

- No association is seen between poor outcome and gender, age, time of evolution or use of prophylactic treatment

- After one-year follow-up, 82% of patients considered that they were better or much better than when they first visited the neurologist. Those patients with migraine had a better prognosis [OR 1.69 (1.06-2.68)], as well as patients with cervicogenic headache [OR 5.6 (1.4-22)]

- The rate of analgesic overuse after one year was 13%. There has been a reduction in the rate of analgesic overuse of 69.3%. The presence of analgesic overuse was significantly associated with poor outcome at follow-up [OR 7.3 (1.8-30)]