

PREVALENCE ANALYSIS OF PATIENTS TREATED WITH TRIPTANS AT RISK OF DEVELOPING MEDICATION OVERUSE HEADACHE AND DEVELOPMENT OF A PRESCRIPTION OPTIMISATION STRATEGY.

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Background and importance

Medication overdose headache (MOH) is a secondary headache disorder occurring on 15 or more days per month developing as a consequence of regular overdose of headache medication for more than three months. The prevalence of MOH is approximately 1 to 2%, and is higher in women than in men. Many medications used to treat headaches have the potential for causing MOH. Nowadays, MOH secondary to triptans is increasing and leads to MOH sooner than other medications. Anxiety and depression may be risk factors for the evolution of migraine into MOH.

Aim and objectives

To determine the prevalence of patient treated with triptans at risk of MOH (regular intake, for ≥10 days per month for >3 months) and his profile in our health area.
Identify and communicate to the prescribers their patients with triptans overuse.
To inform all clinicians about MOH: Etiology, clinical features, diagnosis and treatment.

Material and methods

We analyzed the dispensation record of all the patients treated with triptans over 3 months (June19-September19). Data collected were: sex, age, monthly intake frequency and comedication. We alerted prescribers by an email including management and deprescription recommendations for MOH. We posted content about MOH in our blog.

Results

The prevalence of patients treated with triptans was 0.50%, 47 patients of the 538 taking triptans (8,7%) were at risk of MOH. Their median age was 55 years, mostly women(79%).The median monthly intake was 16 doses (10-48). 30 patients (64%) had prescriptions for anxiety and/or depression and 13 patients(28%) had preventive therapy prescriptions for headache.
29 prescribers were notified by email. Dispensation record history, comedication, management MOH guide and patient education tryptichs were attached.

Conclusion and relevance

MOH is a common problem in clinical practice that needs to be properly managed in order to increase the likelihood of successful chronic daily headache treatment.
The results obtained in our population are similar to the published studies, both in prevalence and in patient profile. However, MOH rate is still lacked because it needs the clinician diagnosis.
In six months, we will collect information about the evolution of these patients and we expect that our intervention will lead to a treatment optimization, better use of triptans and headache relief.