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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Chronic Daily Headache / Medication Overuse Headache

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Chronic daily headache means headache on 15 or more days per month for over 3 months. The most common driver is medication overuse headache — a vicious cycle in which frequent use of pain relievers (including triptans, opioids, caffeine-containing combinations, and even NSAIDs) progressively increases headache frequency, so each pill sets up the next headache.

How does it happen?

Taking acute headache medications on more than 10-15 days per month gradually sensitizes the brain's pain system — the medicine becomes part of the problem. Underlying migraine or tension-type headache is usually the starting point; stress, poor sleep, caffeine, and mood issues contribute.

Common symptoms

- Headache present most days, often on waking
- A daily background headache punctuated by worse attacks
- Temporary relief from painkillers that wears off and rebounds
- Poor response to preventive medications while overuse continues
- Often accompanied by poor sleep, anxiety, or low mood

How is it diagnosed?

Diagnosis is clinical and rests on the timeline: escalating headache days alongside escalating acute medication use. A headache diary documenting both is the key diagnostic (and therapeutic) tool.

How is it treated?

The core treatment is withdrawal of the overused medication — sometimes cold turkey, sometimes tapered — supported by starting or optimizing a preventive at the same time (CGRP antibodies, Botox for chronic migraine, or oral preventives work even during withdrawal). The first 1-2 weeks off the medication are often worse before they get better; bridge therapies (steroid tapers, nerve blocks) ease the transition. Education prevents relapse.

What does the future hold?

The prognosis is genuinely good: most patients who successfully withdraw from the overused medication return to an episodic headache pattern within 2-3 months and then respond to preventives that previously 'didn't work.' Relapse happens, especially in the first year, but is manageable with awareness of day limits.

Questions patients commonly ask

Q: Are you telling me the painkillers are causing my headaches?

A: In part, yes — when used frequently, they reset the brain's pain threshold lower. This is good news: it means there is a clear, fixable driver.

Q: How many days a month can I safely take my acute medication?

A: General rule: triptans and combination analgesics under 10 days/month; simple NSAIDs under 15 days/month — and fewer is better.

Q: I tried preventives before and they didn't work — why retry them?

A: During active medication overuse, preventives are often blocked from working; after withdrawal, previously ineffective preventives frequently succeed.

National support groups & resources

- **American Migraine Foundation** — americanmigrainefoundation.org
- **National Headache Foundation** — headaches.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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