

Dealing with the Pain: Understanding CDH



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Chronic daily headache (CDH) is a general term that refers to headaches which regularly occur for > 15 days per month.

Although most cases are not associated with intracranial pathology, it is important to rule out secondary causes. A history of systemic symptoms (*i.e.*, weight loss or fever), other neurological symptoms (*i.e.*, diplopia or focal weakness) and abnormalities on neurological exam warrant imaging studies of the brain.

Most CDH is transformed migraine (*i.e.*, daily headache evolving from migraine) (Table 1). In many of these patients, medication overuse is responsible for the continued pattern of daily headache. In this setting, headaches have been shown to be refractory to both acute and prophylactic migraine medications.

According to Jelinski, *et al*¹ and Scher, *et al*:²

- 12% of the population has migraine,
- most have one to two attacks per month and
- 3% of headaches, per year, transform to CDH.

Medication

Overused medications implicated in CDH include:

- opioids,
- ergotamine,
- butalbital,
- caffeine,
- acetylsalicylic acid,

Reanne's case

Reanne, 44, presents with complaints of headaches that have progressively become more frequent and longer-lasting over the past five years.

Headaches

The headaches:

- occur almost every day and do not respond to any medications and
- are mild-to-moderate bilaterally, with nausea, on some occasions.

Once a week Reanne has a more severe attack for which she must stay home from work and put ice on her neck and forehead.

History

Reanne admits to having episodic severe headaches for 20 years associated with nausea and vomiting.

There is significant overuse of:

- ibuprofen,
- acetaminophen and
- opioids.

Reanne's headaches are progressively more frequent and resistant to these medications.

For more on Reanne, look to page 84.

- ibuprofen,
- acetaminophen and
- triptans.

Stopping overused medications has been shown to reduce the frequency of headaches and improve response to treatment in > 70% of patients with CDH.³

Reanne's diagnosis

Diagnosis

Reanne is diagnosed as having migraines as well as medication overuse headache.

After educating her about the appropriate use of acute therapies, she is started on prophylactic treatment and thereafter, her overused medications are to be stopped. She is given a six-day course of tapering prednisone and a triptan to use for acute migraine attacks.

Reanne is instructed to keep a daily diary documenting her headaches and all medications used.

Follow up

A follow up of Reanne's case three and then six months later show that she has improved with only one or two migraine attacks per month that are controlled by her triptan. She has also considerably improved on her social and professional functioning.

Table 1

Clinical features of transformed migraine⁴

- Daily or almost daily head pain
- Average headache ≥ 4 hours daily (if untreated)
- At least 2 of the following:
 - History of migraine
 - Increasing frequency with decreasing severity of migrainous features over at least 3 months
 - Occasional typical migraines
- Other causes have been eliminated

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CDH is a general term that refers to headaches which regularly occur for > 15 days per month.

Prevention of CDH

Patients need to be educated about the appropriate use of acute therapies for headache. Acute abortive therapies should not be used for more than two or three days per week on a regular basis in order to avoid medication overuse headache (MOH). Patients should reduce their reliance on simple analgesics and avoid the use of opioids and barbiturate-containing compounds. Preventative therapies should be used as soon as headache frequency starts to increase; usually above four attacks per month.

Treatment approach for MOH

The following lists possible treatment approaches for MOH:

1. Educate the patient about migraine, the appropriate use of medications and some lifestyle factors that may contribute. The most important of these are:
 - Stress management
 - Caffeine use
 - Adequate sleep
2. Begin prophylactic treatment. Stop all overused medications and replace them with:
 - Medications that are not being overused

Take-home message

- The single most important thing one can do is ask about a previous history of typical migraine attacks
- The most common cause of daily headache is medication overuse headache (in migraineurs)
- A headache and medication diary is crucial for diagnosis and follow up

- Long-acting non-steroidal anti-inflammatory drugs

Some patients will need transitional medications (e.g., a short course of prednisone to stem withdrawal headaches)

3. Consider referral to a tertiary headache center for multidisciplinary treatment

Most patients with migraine are overusing acute medication.

There is a significant risk of relapse of CDH and medication overuse requiring constant vigilance and support.


Patients who continue to have headaches after medication withdrawal may have other less common types of primary CDH (Table 2). Some of these may be considered, if not already eliminated. 

Table 2

Types of primary chronic daily headache⁵

Short-duration types (< 4 hours):

- Chronic cluster headache
- Chronic paroxysmal hemicrania
- Hypnic headache

Long-duration types (> 4 hours):

- Hemicrania continua
- Chronic tension type headache
- Chronic migraine
- New daily persistent headache

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