

Withdrawal treatment vs prophylactic treatment

Study details	Patients	Interventions	Outcome measures	Effect size	Comments
<p>Author & Year: Hagen et al, 2009³⁴⁸</p> <p>Study design: RCT</p> <p>Setting: Multicentre trial; out-patient clinics of five University hospitals in Norway</p> <p>Duration of follow-up: 4 years</p>	<p>Patient group: Patients with suspected medication overuse headache (MOH)</p> <p>Inclusion criteria: Age 18-70 years; MOH defined as headache ≥ 15 days/month for at least 3 months combined with intake of ergots, triptans, opioids and/or combination medication (simple analgesics combined with caffeine) for ≥ 10 days per month, or of simple analgesics ≥ 15 days for a minimum of 3 months.</p> <p>Exclusion criteria: Contraindications for all types of prophylactic drugs; no improvement of headache at previous trials to stop overused medication for at least 3 weeks; history of hemicrania continua, chronic paroxysmal hemicranias or cluster headache; patient used analgesics frequently for other complaints than headache; pregnant, breastfeeding or not using effective contraception.</p> <p>All patients N: 64 (randomised); 61 (fulfilled inclusion criteria).</p> <p>Group 1 Withdrawal N: 22 (randomised); 20 (completed 1 month visit); 19 (completed 3 month visit); 18 (completed 5 month visit); 14 (completed 12 month visit)</p>	<p>Group 1 Withdrawal of medication Advised to abruptly withdraw overused medication. If required:</p> <ul style="list-style-type: none"> • allowed to use rescue medication up to 2 days per week. • offered sick leave for up to 2 weeks, offered inpatient detoxification if failed to complete the out-patient detoxification programme. • offered to start preventive treatment after three months. <p>Group 2 Prophylactic treatment Preventive treatment was started on day one. Medications used according to primary</p>	<p>Change in days with acute headache medication use per month (mean change score, SD)</p> <p>Responder rate <i>without medication overuse and with $\geq 50\%$ reduction in monthly headache days compared with baseline</i></p> <p>Change in patient reported headache days per month from baseline (mean change</p>	<p>At 3 months: Group 1: -19.1, 8.97* (n=20) Group 2: -13.2, 10.89*(n=17) Group 3: -6.9, 10.17*(n=19) At 5 months: Group 1: -18.5, 9.08*(n=20) Group 2: -11.6, 10.21*(n=17) Group 3: -6.1, 9.65*(n=19) At 12 months: Group 1: -16.1, 10.68*(n=20) Group 2: -14.2, 4.77* (n=17)</p> <p>At 5 months: Group 2: 41%, (7/17) Group 3: 5%, (1/18) 2v3, p value: 0.010 At 12 months: Group 1: 25%, (4/14) Group 2: 53%, (9/16) 1v2, p value: 0.081</p> <p>At 3 months: Group 1: -4.2, 4.38*(n=20) Group 2: -7.2, 8.85*(n=17) Group 3: -1.6, 7.16* (n=19) At 5 months:</p>	<p>Funding: NR</p> <p>Limitations: Open label trial. Method of allocation concealment was unclear.</p> <p>Additional outcomes: Change from baseline in: Headache hours; Headache index (headache days/month x mean daily headache hours x mean daily headache severity); Sick leave days per month; and Anxiety and depression measured by HADS.</p> <p>Notes: Rescue medications for group 1 included: 10-25mg of amitriptyline (for lack of sleep), 50 mg of diclofenac or 500mg of</p>

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	<p>Age (mean): 42.1 years</p> <p>Drop outs: 8 (at 12 month follow up)</p> <p>No. of headache days per month (mean): 24.1</p> <p>No. of days with analgesics/month (mean): 22.9</p> <p><u>Group 2 Prophylactic treatment</u></p> <p>N: 19(randomised); 17 (completed 1 month visit); 17 (completed 3 month visit); 17 (completed 5 month visit); 16 (completed 12 month visit)</p> <p>Age (mean): 41.6 years</p> <p>Drop outs: 3 (at 12 month follow up)</p> <p>No. of headache days per month (mean): 25.2</p> <p>No. of days with analgesics/month (mean): 23.5</p> <p><u>Group 3 Control group</u></p> <p>N: 20 (randomised); 19 (completed 1 month visit); 18 (completed 3 month visit); 18 (completed 5 month visit)</p> <p>Age (mean): 38.7 years</p> <p>Drop outs: 2 (at 5 month follow up)</p> <p>No. of headache days per month (mean): 26.8</p> <p>No. of days with analgesics/month (mean): 23.7</p>	<p>diagnosis were:</p> <p>angiotensin II blockers</p> <p>β-blockers, valproate, tricyclic antidepressants (for migraine + TTH only), valproate, tricyclic antidepressants and gabapentin (for TTH only).</p> <p><u>Group 3</u></p> <p><u>Control group</u></p> <p>No direct advice to stop using analgesics or start any preventive treatment.</p> <p>All patients used a headache diary during baseline period and after randomisation.</p> <p>Baseline period was for at least 3 months prior to randomisation.</p>	<p>score, SD)</p> <p>Mental health component (MCS-12) mean, SD at 12 months</p> <p>Physical health component (PCS-12) mean, SD at 12 months</p>	<p>Group 1: -4.8, 7.37* (n=20)</p> <p>Group 2: -7.3, 9.04*(n=17)</p> <p>Group 3: -2.1, 6.22* (n=19)</p> <p><u>At 12 months:</u></p> <p>Group 1: -5.1, 10.90* (n=20)</p> <p>Group 2: -10.3, 8.75* (n=17)</p> <p>Group 1: 14.6, 18.27*(n=20)</p> <p>Group 2: 13.9, 23.14*(n=17)</p> <p>Group 1: 6.5, 19.23*(n=20)</p> <p>Group 2: 20.2, 27.33*(n=17)</p>	<p>naproxen orally, and/or 20mg metoclopramide.</p> <p>Control group finished the study period after 5 months observation and were then offered treatment considered optimal for them (withdrawal or prophylactic).</p> <p>*calculated at NCGC</p>

Abbreviations: NR=not reported, NA=not applicable, M/F=male/female, N=total number of patients randomised, SD=Standard deviation, SE=Standard error, ITT=Intention to treat analysis, MOH=Medication overuse headache, TTH=Tension type headache, HADS=hospital anxiety and depression scale.