



Adverse Effect of Abortive Medication Over Usage: Analgesic Rebound Headache

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DESCRIPTION

An analgesic is defined as a drug that relieves pain. Analgesics are divided as opioids and non-opioids (such as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)). Analgesics or adjuvants are drugs that have primary indications other than pain, but are analgesics under certain conditions. For example, antidepressants and anticonvulsants also work to reduce nociceptive transmission in neuropathic pain.

The efficacy and effectiveness of given analgesic varies greatly from person to person. Analgesics also have a relatively narrow therapeutic window, and drug dosages are often limited by the onset of adverse side effects. For these reasons, analgesics should be titrated to individual patients until an acceptable balance between subjective pain relief and adverse drug effects.

Use of analgesics in the general population

Analgesics are one of the most commonly used drugs in the general public. Several Scandinavian studies of the general population have found that women use more analgesics than men. A recent study asked 19,137 men and women aged 12-56 years from the general population of Tromsø about their use of analgesics for the past 14 days. On average, 28% of women and 13% of men used analgesics. Drug use for menstrual pain contributed only partially to sex differences in analgesic use. Large population-based studies are warranted to determine the factors that predict sex differences in analgesic use in the general population.

Analgesic rebound headache

Clinical features: Analgesic rebound is one of the most common causes of chronic headaches in people of all ages. Individuals suffering with Migraine are especially susceptible to analgesic rebound headaches (extended migraines). The term refers to a vicious cycle of headache-analgesic use-headache when the analgesic effect wears off-more pain medication use. The pain is generalized, low intensity, and dull. It interferes but does

not prevent routine activities and activity is not an aggravating factor. This phenomenon has been described in children and adolescents, as well as in infants as young as 17 months of age.

Diagnosis: Any child who uses nonprescription analgesics on a daily or almost daily basis is at risk analgesic rebound headache. Your risk of chronic daily headaches is higher if you take analgesics, triptans, or narcotics two or more doses per week.

Management: Stop all analgesic use and avoid caffeine. Amitriptyline (0.1-1 mg/kg) before bedtime often helps in the transition to a analgesic-free condition. Gabapentin 2400 mg/day has been proven to be effective in treating chronic daily headaches and may also help with analgesic rebound headaches. The first few days can be difficult, but the positive effects within a few weeks reinforce the recommended management. For the first few months, patients should keep a headache calendar to document a decrease in the frequency of headaches. In most cases, migraine or rebound pain can be exacerbated after the offender is first stopped, and discontinued analgesics such as promethazine, prochlorperazine, and DHE are the only options. Most other medications can have drug-induced headache effects.

Analgesic overuse Headache, also known as analgesic rebound headache, occurs in headache patients who overuse abortive medications to treat their symptoms. Excessive use of these medications increases frequent headaches that do not respond to both abortion and prophylactic medications. Clinically, analgesic rebound headache manifests as a transformed migraine or tension-type headache, which can inherit the characteristics of these two common headache types, blurring those characteristics and making diagnosis more difficult. Common to all analgesic rebound headaches is the excessive use of the following medications: Simple analgesics such as acetaminophen. sinus medications, including simple analgesics; a combination of aspirin, caffeine, butarbital (fiorinal); nonsteroidal anti-inflammatory drugs; opioid analgesics; ergotamines; triptans such as sumatriptan. Treatment of analgesic rebound headache consists of discontinuation of the overused or abused drug and then completely stopping the overused or abused drugs or drug for at least 3 months.

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