**Session**: Plenary IV: Chronic Daily Headache, Chronic Migraine, Medication Over-use Headache and Chronic Post-traumatic Headache

**Presentation**: The Tough Cases and the Protocols

**Presenter**: Hans-Christoph Diener

**Abstract:**

**Key facts.**
1. Medication-overuse is associated with a changing pattern of headache (more time with headache, eventually a constant low-grade background headache with "spikes" of migraine/exacerbations).
2. The ICHD-III (beta) definition of medication overuse describes number of days per month of medication use rather than number of doses per day.
3. Typically patients with medication-overuse headache will report they are taking more pills and yet having more headache. They become refractory to preventive treatments.
4. Abrupt cessation of butalbital can be life-threatening with delirium and/or seizures.
5. Opioid withdrawal symptoms can be suppressed with neuroleptics.
6. Inpatient treatment of refractory headache allows for cessation of inappropriate medications under medical supervision and the institution of acute intravenous therapy as well as the initiation of preventive therapies, education and the selection of appropriate acute treatments for use after discharge.

**References**


**At the conclusion of this presentation, attendees should be better able to:**

- Recognize the clinical presentation (s) of medication-overuse headache.
- Implement treatment strategies to address medication-overuse headaches both as an outpatient and as an inpatient.
- Be able to initiate specific treatment protocols for refractory headache and be aware of the details that allow for therapeutic success and avoid therapeutic failure.