



What is a Rebound Headache?

Rebound headaches are one of the least recognized types of headaches by patients, but one of the most common types of headaches seen by neurologists. Rebound headaches are simply due to the overuse of analgesic medications (i.e. medications used to relieve pain- see list below). Patients that take analgesics on a routine basis (as little as 2-3 times per week) can develop rebound. Most commonly the patient develops daily chronic headaches that can last for hours, days, or even weeks. Patients frequently awaken with headaches. No medication seems to ever completely relieve their headaches. Often, a patient will take a dose of his/her medication and even before it is time for the next dose, his/her headache has returned but worse than before taking the medication. Patients (and doctors) are frustrated because no medication (not even powerful narcotics) can relieve the headaches. **This is because the medication is the problem, not the solution.** Many patients fail to recognize this connection because the “knee-jerk” response to pain is to take a pill. Doctors are guilty of this as well. In their eagerness to cure the patient, the doctor may prescribe multiple medications in an effort to alleviate pain. This only compounds the problem.

Doctors who specialize in the treatment of headaches see this problem over and over again. The only treatment is to stop ALL analgesic medications for 6-8 weeks to allow adequate “washout period” for the drugs to get out of your body. Be warned, however, that some patients’ headaches **worsen** during the first several weeks. This is normal and to be expected. Resist any temptation to take medicines. Take a hot shower, get a back rub. Once the drugs are out of your system, almost all patients say their headaches are better if not cured. Your doctor can identify what your primary headache problem is and prescribe appropriate treatment.

Medicines that can cause rebound:

1. Aspirin (aspirin-containing products)
2. Caffeine products (Excedrin, Goody's, BC Powders)
3. Nonsteroidals (Motrin, Aleve, Orudis, Naprosyn, Ibuprofen, etc.)
4. Imitrex (if use more than prescribed) and related drugs (Frova, Axert, Maxalt, etc.)
5. Ergots (Cafegot, DHE, ergotamine)
6. Narcotics (Stadol, codeine compounds, Tylenol #3, Vicodin, Tylox, etc)
7. Tylenol, Darvocet
8. Be wary, certain cold medications contain aspirin or acetaminophen (Tylenol)
9. Too much caffeine (coffee, tea, soft drinks) can produce rebound. Stop all of them. Go “decaf” for now.