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"treating the cause of your problem, not just the symptoms"

Rebound Headaches

Do you suffer from headaches every day despite regularly using a pain reliever? Do they remain the same or even become worse after you take this pain reliever? If you can answer "yes" to either of these questions, you may be suffering from a "rebound headache" due to an overuse of pain-killers (analgesics).

The typical sufferer of rebound headache comes to rely on increasingly frequent and higher doses of painkillers to keep a headache at bay. Over time, headache symptoms grow worse rather than better, despite large amounts of prescription drugs, or off-the-shelf pain relievers containing aspirin, acetaminophen, ibuprofen, ketoprofen, or naproxen sodium. Other offenders include sinus medications containing phenylpropanolamine or similar blood-vessel constricting drugs. Daily caffeine intake in the form of coffee, tea, and pain-relief products may contribute to rebound. Drinking three or more cups of coffee, six cups or glasses of caffeine-containing tea or cola puts a headache patient at risk for rebound.

Unfortunately, anyone at any age or either gender who takes enough headache medication frequently enough is at risk. However, the typical patient with rebound headache is a woman in her 30s or 40s, whose headache history began in her teens, with occasional migraine headache. By her twenties, migraine attacks occurred more frequently and -- for fear of having a disabling headache -- she began to take non-prescription or prescription medication even for her mild headaches. After a while, she finds herself taking pain relievers more than 4 days each week and may take 4 to 12 tablets per day.

A rebound headache is typically different in character from the initial chronic headache. Patients usually describe a mild-to-moderate, dull, non-throbbing, steady pain often felt in both sides of the forehead, top or back of the head (though rebound may cause a generalized or very focal headache). The headache tends to last from 6 to 24 hours. Most patients do *not* have migraine symptoms such as sensitivity to light and sound, nausea, or intensification of pain with mild exertion. In some cases, however, the headache may proceed to trigger a severe migraine episode. Indeed, rebound headache tends to progress, and, over time, the daily headaches become more migraine-like. As with most headaches, some patients suffer feelings of depression and irritability, sleep disturbance, trouble concentrating, or other neurological and/or psychological symptoms.

Almost any pain reliever -- prescription or non-prescription -- can be associated with rebound headache. Some patients with rebound headache take only one type of medication, whereas others take two or more different types.

Rebound headache sufferers should be aware that discontinuing medications makes things worse before they get better. Headaches may increase in intensity within 4 to 6 hours of stopping the medication, and peak between 24 and 48 hours. This withdrawal period may last from 2 to 3 weeks. I would recommend that you visit your medical doctor before attempting to wean yourself from any medication.

In summary, by taking too much medication, you may be actually promoting your headaches rather than curing them. This is why I recommend that the actual cause of the headache be identified and corrected. For example, it is well known that most common headaches are "tension-type" or "cervicogenic" headaches. This simply means that irritated nerves, joints and tight muscles in the neck are the actual cause of the pain you feel in your head. If this is the case, and other more serious sources of a headache are ruled out, a series of simple chiropractic treatments may be all that you need.

This information was taken from the article "Rebound Headache: When Medication Backfires", by Alan M. Rapoport, M.D.