

You will see that none of these drugs are called “anti-migraine” or “anti-headache” drugs, as they were often found to be helpful in other conditions such as epilepsy or depression before they were shown to help migraine. However, at low doses, these drugs have all been shown to help significant numbers of patients with New Daily Persistent Headache.

Information and Support

There are a number of sources of information, support and help lines. These include:

www.migraine.org.uk Tel: 0870 050 5898

www.migrainetrust.org Tel: 020 7436 1336

There is a **Migraine and Severe Headache Self help group** for Cheshire and Merseyside, which meets every three months at the Neurosupport Centre, Liverpool.

For further information please contact:

Patient Advice and Liaison Service (PALS) on 0151 529 6100 or email Pal.Service@thewaltoncentre.nhs.uk or Information Officer, **The Mersey Neurological Trust** on 0151 298 2999

If you require this information in other formats or languages, please speak to a member of staff for details

*Produced by: Dr Nicholas Silver, March 2006
Reviewed: October 2008
Review Date: March 2010*

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New Daily Persistent Headache

Patient Information

New Daily Persistent Headache is a condition that usually causes continuous severe headaches. The headache may be associated with migrainous features in some patients, e.g. nausea, throbbing, worsening by movement, or some degree of sensitivity to noise, light, or smell. Additional symptoms are sometimes also seen and include fatigue, neck ache, odd sensory disturbance, dizziness, feelings of being spaced out or distant, insomnia, memory difficulties, or altered mood.

Patients who develop New Daily Persistent Headache may have experienced some trigger for their condition (e.g. hormonal changes, viral illness, head injury, etc.), although we cannot always identify a cause.

However, despite the initial trigger, it is often the intake of painkillers¹ and/or caffeine² that keep it going. Even very small amounts may stop people getting better.

¹this includes all drugs taken to alleviate headaches (e.g. paracetamol, co-deine, non-steroidal anti-inflammatory drugs, triptans, etc.).

²caffeine is included in tea, coffee, chocolate, cola, lucozade, Dr Pepper and red bull. Decaffeinated versions are OK to take.

The acute withdrawal of painkillers and caffeine

The best strategy in treating New Daily Persistent Headache is to completely stop all painkillers and all caffeine as an *abrupt* withdrawal. Initially, this usually causes marked worsening of headache over the first week or so. Once all painkillers and caffeine are stopped the headaches and other disturbance typically improves to some degree. If there are still headaches at this stage, we can then use a “preventative” medication that is taken on a regular basis, usually for one year. This preventative will often fail to help if caffeine or painkillers are still taken³.

Lifestyle Measures

In addition to this, lifestyle measures are helpful both in the short and long term. The following are lifestyle measures recommended:

- Drink plenty of clear fluids (e.g. 3 litres per day)
- Avoid missing meals
- Aim for 8-9 hours sleep at night, with the same time to go to bed and get up each day of the week where possible
- Avoid daytime sleep and/or morning lie-ins.

³once the overall condition is much better, it is sometimes possible to have acute attack medication rarely (e.g. maximum 2-3 doses per month) and/or rare caffeine.

Preventative Medications

A preventative medication is generally recommended if the headaches continue after withdrawal of caffeine and painkillers or if some of the other non-headache features still continue.

As already indicated, the commonest reason for headache preventatives to be unhelpful is if there is still continued use of any painkiller and/or caffeine.

Unless otherwise indicated, I generally recommend that a headache preventative is taken for about one year, even if the headache settles much earlier than this. The rationale is to aim for a longer remission.

All preventative medications are slowly introduced to a maximum tolerated dose or one that completely controls the headaches. If the drug is not tolerated or has not helped by 3-4 months, we try an alternative drug.

The drugs that we commonly use for migraine prevention include:

1. **the tricyclic antidepressants** (e.g. dothiepin, amitriptyline)
2. **The anticonvulsants** (e.g. epilim chrono, topiramate)
3. **Selective serotonin reuptake inhibitors** (e.g. paroxetine, prozac)
4. **The antipsychotics** (e.g. olanzepine)
5. **The antihypertensives** (e.g. propranalol)