

INTEGRATED MANAGEMENT AND 24-MONTH FOLLOW-UP OF COMPLEX MEDICATION OVERUSE HEADACHE (MOH): IMPACT OF CONTINUOUS PSYCHOEDUCATIONAL SUPPORT ON RELAPSE PREVENTION

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Background. Medication Overuse Headache (MOH) is a chronic secondary headache disorder resulting from the overuse of analgesics (≥15 days/month for over 3 months). In cases defined as "complex" (type 2), the patients' psychopathological profile is particularly complicated: the presence of psychiatric comorbidities, such as anxiety and depression, predicts worse treatment outcomes and higher relapse rates. The abuse of specific substances, is further linked to an unfavorable prognosis. Given the multifactorial nature of the disorder, the integration of different therapeutic strategies is necessary to improve clinical outcomes.

Methods. Two patients—a 48-year-old man and a 69-year-old woman—suffering from chronic migraine and MOH were followed through psychological counseling. At baseline, the female patient consumed an average of 45 opioid medications/month, while the male patient consumed approximately 90 combination drugs/month. Both presented psychiatric comorbidities (depression, generalized anxiety disorder, bulimia) and a history of failed prior detoxification attempts. The protocol involved a new detoxification process combined with anti-CGRP monoclonal antibodies (eptinezumab) and an educational psychological support program focused on pain awareness and medication management.

Results. At the end of the first year, both patients had successfully interrupted the abuse behavior, achieving a better differentiation between the migraine pain dimension and the emotional dimension. At the 24-month follow-up, clinical trajectories diverged:Female Patient: Continued monthly psychoeducational sessions, maintaining an episodic migraine diagnosis (4 attacks/month) and total abstinence from opioids.Male Patient: Continued exclusively with pharmacological prophylaxis. During the second year, a progressive increase in the intake of combination symptomatic medications and attack frequency was recorded, reaching 30 symptomatic drugs per month. This resulted in a new MOH diagnosis and the need for a new detoxification protocol.

Conclusions. These observations, while limited to two cases and requiring more structured future studies, suggest that the continuity of psychoeducational support represents a determining factor in preventing behavioral relapses and consolidating therapeutic success in patients with high psychopathological complexity.