

**The International Classification of Headache Disorders, 2nd Edition (ICHD-II)—  
revision of criteria for 8.2 Medication-overuse headache**

*Sd Silberstein, J Olesen, M-G Bousser, H-C Diener, D Dodick, M First, Pj Goadsby, H Göbel, Mja Lainez, Jw Lance, Rb Lipton, G Nappi, F Sakai, J Schoenen & Tj Steiner on behalf of the International Headache Society*

**Cephalalgia**

Volume 25 Issue 6 Page 460 - June 2005

國際頭痛疾病分類第二版—8.2 藥物過度使用頭痛 (Medication-overuse headache) 診斷標準修正

**Introduction**

**簡介**

The ICHD-II criteria for 8.2 *Medication-overuse headache* have been revised based on constructive criticism at the International Headache Research Seminar in Copenhagen in March 2004. The major changes are: (i) elimination of the headache characteristics; and (ii) a new subform (8.2.6 *Medication-overuse headache attributed to combination of acute medications*) that takes into account patients overusing medications of different classes but not any single class.

國際頭痛疾病分類第二版中 8.2 **藥物過度使用頭痛** 的診斷標準以 2004 年三月哥本哈根舉行的國際頭痛研究研討會上建設性的批評為基準已進行修正。主要的改變是 (1) 刪除頭痛特性，和 (2) 加入一個新的亞式 (**8.2.6 歸因於合併急性藥物過度使用頭痛**)，此因考慮到病人過度使用多種不同類藥物，而非單一種藥物。

The revised section is below.

修正部份如下

**8. Headache attributed to a substance or its withdrawal**

8. 歸因於物質或戒斷之頭痛

8.2 Medication-overuse headache (MOH)

8.2.1 Ergotamine-overuse headache

8.2.2 Triptan-overuse headache

8.2.3 Analgesic-overuse headache

8.2.4 Opioid-overuse headache

8.2.5 Combination analgesic-overuse headache

8.2.6 Medication-overuse headache attributed to combination of acute medications

8.2.7 Headache attributed to other medication

8.2.8 Probable medication-overuse headache

8.2 藥物過度使用頭痛(MOH) (Medication-overuse headache (MOH))

8.2.1 麥角胺過度使用頭痛 (Ergotamine-overuse headache)

8.2.2 翠普登過度使用頭痛 (Triptan-overuse headache)

8.2.3 止痛藥過度使用頭痛 (Analgesic-overuse headache)

8.2.4 鴉片類過度使用頭痛 (Opioid-overuse headache)

8.2.5 複合藥物過度使用頭痛 (Combination medication-overuse headache)

8.2.6 歸因於合併急性藥物過度使用頭痛 (Medication-overuse headache attributed to combination of acute medications)

8.2.7 其他藥物過度使用頭痛 (Headache attributed to other medication overuse)

8.2.8 可能藥物過度使用頭痛 (Probable medication-overuse headache)

#### *General comment*

一般說明：

*Definite or probable?* In the particular case of 8.2 *Medication-overuse headache*, a period of 2 months after cessation of overuse is stipulated in which improvement (resolution of headache, or reversion to its previous pattern) must occur if the diagnosis is to be definite. Prior to cessation, or pending improvement within 2 months after cessation, the diagnosis 8.2.8 *Probable medication-overuse headache* should be applied. If such improvement does not then occur within 2 months, this diagnosis must be discarded.

*確定或可能？* 在 8.2 *藥物過度使用頭痛* 這個特別的例子中，規定停止過度使用兩個月的期限後，必須有進步（頭痛緩解或回復原來模式），診斷才可確定。於停藥前，或等待停藥後進步的兩個月內，必須用診斷 **8.2.8 可能藥物過度使用頭痛**。如果兩個月內頭痛並無進步，此診斷必須丟棄。

#### **8.2 Medication-overuse headache (MOH)**

8.2 藥物過度使用頭痛(MOH) Medication-overuse headache (MOH)

#### **Previously used terms**

Rebound headache, drug-induced headache, medication-misuse headache.

舊稱：

反彈頭痛(Rebound headache)、藥物引發之頭痛(drug-induced headache)、藥物誤用之頭痛 (medication-misuse headache)

#### *Diagnostic criteria*

A Headache<sup>1</sup> present on  $\geq 15$  days/month fulfilling criteria C and D.

B Regular overuse<sup>2</sup> for > 3 months of one or more drugs that can be taken for acute and/or symptomatic treatment of headache.<sup>3</sup>

C Headache has developed or markedly worsened during medication overuse.

D Headache resolves or reverts to its previous pattern within 2 months after discontinuation of overused medication.

診斷基準：

- A. 每月頭痛 (註1)  $\geq 15$ 天，且符合基準C及D：
- B. 規則過度服用(註2)一或多種可作為急性及/或症狀頭痛治療的藥物(註3)，已>3個月
- C. 藥物過度使用期間頭痛發生或明顯惡化
- D. 停止過度使用的藥物後，頭痛在2個月內緩解或回復原來模式

#### **Comments**

MOH is an interaction between a therapeutic agent used excessively and a susceptible patient. The best example is overuse of symptomatic headache drugs causing headache in the headache-prone patient. By far the most common cause of migraine-like headache occurring on  $\geq 15$  days per month and of a mixed picture of migraine-like and tension-type-like headaches on  $\geq 15$  days per month is overuse of symptomatic antimigraine drugs and/or analgesics. Chronic tension-type headache is less often associated with medication overuse but, especially amongst patients seen in headache centres, episodic tension-type headache has commonly become a chronic headache through overuse of analgesics.

說明：

藥物過度使用頭痛是較敏感病人與過度使用治療性藥劑的相互作用。最佳例子是過度使用症狀性頭痛治療藥物使易於頭痛(headache-prone) 病人產生頭痛。目前為止，過度使用症狀性偏頭痛藥物及/或止痛藥，是導致每個月 $\geq 15$ 天發生似偏頭痛之頭痛及每個月 $\geq 15$ 天發生混合似偏頭痛及似緊縮型頭痛之頭痛的情形最常見的原因。慢性緊縮型頭痛較少與藥物過度使用有關，但是陣發性緊縮型頭痛常因止痛藥過度使用而成為慢性頭痛，特別是頭痛中心病人。

Patients with a pre-existing primary headache who develop a new type of headache or whose migraine or tension-type headache is made markedly worse during medication overuse should

be given both the diagnosis of the pre-existing headache and the diagnosis of 8.2

*Medication-overuse headache.*

對於既存在之原發性頭痛的病人產生新型頭痛，或在藥物過度使用期間其偏頭痛或緊縮型頭痛明顯惡化，應同時給原有頭痛及8.2 **藥物過度使用頭痛** 的診斷。

The diagnosis of MOH is clinically extremely important because patients rarely respond to preventative medications whilst overusing acute medications.

藥物過度使用頭痛的診斷在臨床上特別重要，因為病人在過度使用急性藥物時，很少對預防性藥物有反應。

**8.2.1 Ergotamine-overuse headache**

*Diagnostic criteria*

A Headache fulfilling criteria A, C and D for 8.2 *Medication-overuse headache*.

B Ergotamine intake on  $\geq 10$  days/month on a regular basis for > 3 months.

*Comment*

Bioavailability of ergots is so variable that a minimum dose cannot be defined

8.2.1 麥角胺過度使用頭痛 Ergotamine-overuse headache

診斷基準：

A. 頭痛符合8.2 **藥物過度使用頭痛**基準A, C及D

B. 每月規則服用麥角胺 $\geq 10$ 天，已 $\geq 3$ 個月

說明：

麥角鹼的生體可用率（bioavailability）變化大，所以無法定義最低劑量。

**8.2.2 Triptan-overuse headache**

*Diagnostic criteria*

A Headache fulfilling criteria A, C and D for 8.2 *Medication-overuse headache*.

B Triptan intake (any formulation) on  $\geq 10$  days/month on a regular basis for > 3 months.

**Comment**

Triptan overuse may increase migraine frequency to that of chronic migraine. Evidence suggests that this occurs sooner with triptan overuse than with ergotamine overuse.

8.2.2 翠普登過度使用頭痛 Triptan-overuse headache

診斷基準：

A. 頭痛符合8.2 **藥物過度使用頭痛**基準A, C及D

B. 每月規則服用翠普登（任何劑型） $\geq 10$ 天，已 $\geq 3$ 個月

說明：

翠普登過度使用，可能使偏頭痛發生頻率增至慢性偏頭痛的頻率。證據顯示翠普登過度使用比麥角胺過度使用更快產生此型頭痛。

### 8.2.3 Analgesic-overuse headache

#### Diagnostic criteria

A Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache

B Intake of simple analgesics on  $\geq 15$  days/month<sup>4</sup> on a regular basis for > 3 months.

### 8.2.3 止痛藥過度使用頭痛 Analgesic-overuse headache

診斷基準：

- A. 頭痛符合8.2 藥物過度使用頭痛基準A, C及D
- B. 每月服用單純止痛藥(simple analgesics) $\geq 15$ 天〔註4〕，已>3個月

### 8.2.4 Opioid-overuse headache

#### Diagnostic criteria

A Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache.

B Opioid intake on  $\geq 10$  days/month on a regular basis for > 3 months.

#### Comment

Prospective studies indicate that patients overusing opioids have the highest relapse rate after withdrawal treatment.

### 8.2.4 鴉片類過度使用頭痛 Opioid-overuse headache

診斷基準：

- A. 頭痛符合8.2 藥物過度使用頭痛基準A, C及D
- B. 每月服用鴉片類 $\geq 10$ 天，已>3個月

說明：

前瞻性的研究指出，過度使用鴉片類之病人，在戒斷治療後，復發率最高。

### 8.2.5 Combination analgesic-overuse headache

#### Diagnostic criteria

A Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache.

B Intake of combination analgesic medications<sup>5</sup> on  $\geq 10$  days/month on a regular basis for > 3 months.

### 8.2.5 複合藥物過度使用頭痛 Combination medication-overuse headache

診斷基準：

- A. 頭痛符合8.2 藥物過度使用頭痛基準A, C及D
- B. 每月服用複合藥物〔註5〕 $\geq 10$ 天，已>3個月

### 8.2.6 Medication-overuse headache attributed to combination of acute medications

#### Diagnostic criteria

A Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache.

B Intake of any combination of ergotamine, triptans, analgesics and/or opioids on <sup>5</sup> 10 days/month on a regular basis for > 3 months without overuse of any single class alone.<sup>6</sup>

### 8.2.6 歸因於合併急性藥物過度使用頭痛

#### 診斷基準：

A. 頭痛符合8.2 藥物過度使用頭痛基準A, C及D

B. 每月服用麥角胺、翠普登、止痛藥及/或鴉片類藥物 ≥10天，已>3個月，並無單獨過度使用單一藥物（註6）

### 8.2.7 Headache attributed to other medication overuse

#### Diagnostic criteria

A Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache.

B Regular overuse<sup>7</sup> for > 3 months of a medication other than those described above.

### 8.2.7 其他藥物過度使用頭痛 Headache attributed to other medication overuse

A. 頭痛符合8.2 藥物過度使用頭痛基準A, C及D

B. 規則過度使用〔註7〕一種藥物（非上述藥物）>3個月

### 8.2.8 Probable medication-overuse headache

#### Diagnostic criteria

A Headache fulfilling criteria A and C for 8.2 Medication-overuse headache.

B Medication overuse fulfilling criterion B for any one of the subforms 8.2.1 8.2.7.

C One or other of the following:

1 Overused medication has not yet been withdrawn.

2 Medication overuse has ceased within the last 2 months but headache has not so far resolved or reverted to its previous pattern.

### 8.2.8 可能藥物過度使用頭痛 Probable medication-overuse headache

#### 診斷基準：

A. 頭痛符合8.2 藥物過度使用頭痛基準A及C

B. 頭痛符合上述8.2.1至8.2.7任何一個亞式的基準B

C. 有下列任何一項：

1. 過度使用的藥物尚未戒斷
2. 停止過度使用藥物不滿2個月，且頭痛尚未緩解或回復原來模式

#### Comments

Codable subforms of 8.2.8 *Probable medication-overuse headache* are 8.2.8.1 *Probable ergotamine-overuse headache*, 8.2.8.2 *Probable triptan-overuse headache*, 8.2.8.3 *Probable analgesic-overuse headache*, 8.2.8.4 *Probable opioid-overuse headache*, 8.2.8.5 *Probable combination analgesic-overuse headache*, 8.2.8.6 *Headache probably attributed to overuse of acute medication combinations* and 8.2.8.7 *Headache probably attributed to other medication overuse*.

說明：

8.2.8 *可能藥物過度使用頭痛* 的可登錄之亞式為8.2.8.1 *可能麥角胺過度使用頭痛*、8.2.8.2 *可能翠普登過度使用頭痛*、8.2.8.3 *可能止痛藥過度使用頭痛*、8.2.8.4 *可能鴉片類過度使用頭痛*、8.2.8.5 *可能複合藥物過度使用頭痛*、8.2.7.6 *可能歸因於合併急性藥物過度使用頭痛*及8.2.7.7 *可能其他藥物過度使用頭痛*。

Many patients fulfilling the criteria for 8.2.8 *Probable medication-overuse headache* also fulfil criteria for either 1.6.5 *Probable chronic migraine* or 2.4.3 *Probable chronic tension-type headache*. They should be coded for both until causation is established after withdrawal of the overused medication. Patients with 1.6.5 *Probable chronic migraine* should additionally be coded for the antecedent migraine subtype (usually 1.1 *Migraine without aura*).

許多病人符合8.2.8 *可能藥物過度使用頭痛* 的診斷基準，同時也符合1.6.5 *可能慢性偏頭痛* 或 2.4.3 *可能慢性緊縮型頭痛* 的診斷基準。過度使用的藥物戒斷後，因果關係確立前，這兩種類型都應被登錄。有1.6.5 *可能慢性偏頭痛* 的病人應另外登錄先前的偏頭痛亞型（通常為1.1 *無預兆偏頭痛*）。

#### Footnotes

<sup>1</sup>The headache associated with medication overuse is variable and often has a peculiar pattern with characteristics shifting, even within the same day, from migraine-like to those of tension-type headache.

註記：

1. 和過度使用藥物相關的頭痛是可變的，通常有一種特別形式且特徵會改變，即使同一天內，可由似偏頭痛變成爲似緊縮型頭痛。

<sup>2</sup>Overuse is defined in terms of duration and treatment days per week. What is crucial is that

treatment occurs both frequently and regularly, i.e. on 2 or more days each week. Bunching of treatment days with long periods without medication intake, practised by some patients, is much less likely to cause medication-overuse headache and does not fulfil criterion B.

2. 過度使用的定義是以每週治療天數和使用期間為主。關鍵是治療必須頻繁且規則，即每週兩天或以上。部份病人在長期沒有服藥的情況下連續治療數天，不太可能產生藥物過度使用頭痛，且不符合基準B。

<sup>3</sup>MOH can occur in headache-prone patients when acute headache medications are taken for other indications.

3. **藥物過度使用頭痛** 會發生在易於頭痛(headache-prone) 的病人，當其使用急性頭痛藥物是因為其他適應症時。

<sup>4</sup>Expert opinion rather than formal evidence suggests that use on  $\geq 15$  days/month rather than  $\geq 10$  days/month is needed to induce analgesic-overuse headache.

4. 每月使用 $\geq 15$ 天才會引發止痛藥過度使用頭痛，而非使用 $\geq 10$ 天，這僅是專家意見，並未有正式證據。

<sup>5</sup>Combinations typically implicated are those containing simple analgesics combined with opioids, butalbital and/or caffeine.

5. 複合藥物一般是指含有單純止痛藥加上鴉片類、butalbital及/或咖啡因。

<sup>6</sup>The specific subform(s) 8.2.1–8.2.5 should be diagnosed if criterion B is fulfilled in respect of any one or more single class(es) of these medications.

6. 任何一種或多種藥物之基準B若符合，則應先診斷特定亞式8.2.1-8.2.5

<sup>7</sup>The definition of overuse in terms of treatment days per week is likely to vary with the nature of the medication.

7. 過度使用定義中的每週治療天數可能依據藥物特性而有不同。

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