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Refractory chronic migraine associated with Medication-Overuse Headache (MOH): a case report

Anna Beatriz Prado Costa[1], Maria Eduarda Cruz de Cerqueira Rodrigues[1], Luana Carvalho Batista Esteves[1], Thadson Luiz Vitorio Andrade[2]

[1]Tiradentes University, Aracaju, Sergipe, Brazil
[2]University Center of Excellence, Feira de Santana, Bahia, Brazil

Anna Beatriz Prado Costa
anna.prado@souunit.com.br

Introduction
Chronic migraine is a disabling condition frequently associated with the overuse of acute migraine medications, a factor that contributes to migraine chronification and complicates therapeutic management. This report describes the case of a patient with refractory chronic migraine associated with medication overuse headache, who underwent a multidisciplinary approach and targeted therapy.

Case presentation
A 38-year-old female patient, with no relevant medical history, presented with a history of unilateral throbbing headache since the age of 19, associated with photophobia, phonophobia, osmophobia, and nausea, consistent with migraine. She progressively developed daily or almost daily headaches over the past 24 months, totaling approximately 20 headache days per month, 10 of which had severe migraine features, resulting in significant functional impairment and reduced quality of life. The patient had undergone prior prophylactic treatment with propranolol, topiramate, amitriptyline, sodium valproate, and flunarizine, without a satisfactory clinical response and/or with limitations due to adverse effects. The patient frequently used common analgesics and triptans, suggesting medication overuse headache. Neurological examination revealed no focal deficits. Brain MRI and laboratory tests showed no relevant abnormalities. Based on the clinical picture, a diagnosis of refractory chronic migraine associated with medication overuse headache was established. A multidisciplinary approach was instituted, with gradual discontinuation of analgesics, implementation of sleep hygiene measures, cognitive-behavioral therapy, psychological support, and the introduction of galcanezumab, a monoclonal antibody targeting calcitonin gene-related peptide (CGRP). After 4 months of treatment, there was a reduction in the frequency of attacks from 20 to 7 days per month, corresponding to a 65% reduction in headache days, in addition to a decrease in pain intensity, functional improvement, reduced absenteeism, reduced need for acute migraine medications, and a reduction in the MIDAS score from 12 to 6 points, corresponding to an improvement from moderate to mild disability.

Discussion
Patients with refractory chronic migraine and overuse of acute migraine medications represent a significant therapeutic challenge. This case demonstrates the evolution from episodic to chronic migraine, with failure of five different preventive therapies. The response observed after a multidisciplinary approach and targeted therapy reinforces the importance of early recognition of factors associated with chronicity and individualization of treatment.

Conclusion
Although chronic migraine represents a significant therapeutic challenge, recent advances have broadened treatment possibilities for refractory patients. Early identification of factors associated with chronicity, combined with a multidisciplinary approach and the use of targeted therapies, remains essential for optimal disease management.

Keywords:
Chronic migraine
Refractory migraine
Medication-overuse headache
Calcitonin Gene-Related Peptide (CGRP)

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