



Overuse of analgesics in idiopathic intracranial hypertension patients of a tertiary hospital in Fortaleza

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Introduction

Idiopathic intracranial hypertension (IIH) is a condition of unknown etiology characterized by elevated intracranial pressure and papilledema, without evidence of intracranial expansive lesion or cerebral venous thrombosis, as assessed through imaging examinations. Headache is the most common symptom of IIH, reported in more than 90% of patients. A common issue for patients with IIH is the overuse of analgesics. The worldwide prevalence of excessive analgesics use is 0.7-1.7%, being more frequent in women. Observed risk factors for the excessive use of painkillers include female gender and obesity, both common in patients with IIH. Medication overuse constitutes an important risk factor for headache chronification.

Objectives

To assess the prevalence of patients with IIH, followed in the outpatient clinic of the General Hospital of Fortaleza, who use excessive analgesics.

Methods

This is a cross-sectional study based on quantitative and qualitative analysis of medical records, patient interviews, and literature review between June and August 2023. Seventeen patients over 18 years old with IIH who met Friedmann's criteria (2013) for IIH diagnosis and had been followed in the Headache Outpatient Clinic of the General Hospital of Fortaleza for at least 3 months were included. Data were obtained through patient interviews to analyze medication overuse based on headache diaries. The sample consisted entirely of female patients with an average age of 38 years, ranging from 27 to 55 years. The average follow-up time was 4 years, ranging from 01 year to 15 years, with a median of 2 years. The primary headache phenotype was migraine with signs of chronification (70%). Regarding treatment, 23% (N=4) were not receiving any treatment, and 77% (N=13) were using some medication. Five patients were using acetazolamide (30%); one patient was using topiramate (6%); three were using a combination of acetazolamide and topiramate (18%); and three were using a combination of acetazolamide, topiramate, and a serotonin reuptake inhibitor (18%). As for excessive analgesic use, 23% (N=4) were overusing, while 77% (N=13) were not.

Results

Excessive analgesic use was evaluated, as it is considered one of the factors associated with headache chronification in patients. Some primary headache studies indicate the prevalence of this excessive use in around 25-50% of patients. The prevalence in our study was 23%, a lower percentage compared to these studies. This discrepancy in large studies highlights the importance placed on raising awareness about excessive analgesic use in the outpatient setting. In our study, we were able to establish a relationship between excessive analgesic use and higher scores on the headache impact test (HIT-6), increased headache frequency, and the presence of psychiatric comorbidities ($p < 0.05$). However, there was no significant association with a decrease in quality of life.

Conclusion

Medication overuse was identified in 23% of patients and is associated with an increase in headache frequency, as well as greater headache impact and the presence of psychiatric comorbidities; however, it was not related to a decrease in quality of life. It seems prudent that all IIH patients with headache are warned about avoiding excessive analgesic use to significantly improve headaches. If not addressed, medication overuse headache may prevent the optimization and effectiveness of preventative treatments.

Keywords: Idiopathic Intracranial Hypertension; Medication Overuse; Chronic Headache.