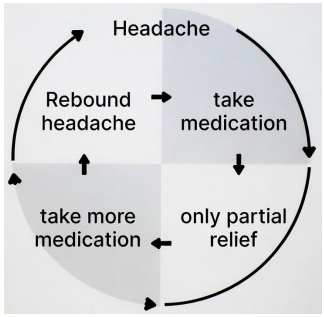
Do I have Rebound Headaches?

Rebound headaches (also called **medication overuse headache**) occur when headache pain medicines are used frequently. The medicine that provides short-term relief ends up causing more severe and more frequent – often daily – headaches

This creates a **vicious cycle:**



Key signs

- Headaches 15+ days per month (often daily or near-daily)
- Headaches improve briefly with medicine but return as it wears off
- You have an underlying headache condition (like migraine or tension-type)

This is common and treatable – most see **major** improvement after stopping overuse.

Important: Migraine treatments will be **much less effective** as long as rebound headache is present. You and your doctor must prioritize treating this.

Which Medicines Can Cause It?

Any as-needed (rescue or abortive) headache medicine can trigger rebound if overused.

Medicine	Examples	When can they cause rebound?
Simple pain relievers	Tylenol or NSAIDS (ibuprofen, naproxen/Aleve)	If taken **more than 15 days** per month.
Triptans	Sumatriptan (Imitrex), rizatriptan (Maxalt), etc.	if taken on **more than 10 days** per month.
Combination medicines	Excedrin with caffeine, Fioricet with butalbital	if taken on **more than 10 days** per month
Opioids	codeine, hydrocodone, oxycodone, tramadol	if taken on **more than 10 days** per month.

Note: Newer gepants (Ubrelvy, Nurtec) do **not** cause rebound headache.

How to Prevent Rebound Headaches

- Limit these medicines to **no more than 2–3 days per week** (ideally fewer).
- Keep a **headache diary** to track frequency and medicine use.
- Start a preventive headache treatment so that you do not **need** these medicines as often.

How to Treat It – Break the Cycle

Step 1: Stop the overused medicine

Create a plan with your doctor – some medicines can be stopped abruptly and others need to be tapered. **Never stop medicines on your own** – especially opioids or butalbital.

- Headaches may worsen (withdrawal). This peaks in first 2-10 days.
- Possible nausea, restlessness, or sleep issues
- Improvement often begins within 1–2 months, with big gains after 2–3 months.

Step 2: Support during withdrawal

Your doctor may use:

- Bridge therapies (nerve blocks, steroids, anti-nausea meds)
- Preventive medicines started immediately
- In severe cases: IV treatments or short hospital stay

Step 3: Long-term success

- Use daily preventive treatment (pills, injections, Botox®)
- Add non-drug options (physical therapy, biofeedback, neuromodulation, etc.)
- Keep tracking with a diary

erlanger Health System

Sources: Mayo Clinic, Cleveland Clinic, American Headache Society