

### THE LONG-TERM USE OF MEDICINES AS A CAUSE OF ABUSE HEADACHE

Rakhimova Shakhnozakhon Mukhiddin qizi

Basic PhD at the Department of Neurology, Tashkent medical academy,

Saidvaliev Farrukh Saidakramovich

D.Sc., Professor Department of Neurology , Tashkent medical academy

#### ABSTRACT

In this article, the origin of abuse headache in primary headaches such as migraine, the principles of correct and early diagnosis and prevention of this disease, pain-relieving drugs, their amount, and the time of abuse. shown. Until now, although there is information about the origin and development of abus headache, the role and importance of primary headaches in its origin and the risk factors have not been fully explained, so it is necessary to study it more deeply. requires.

**Keywords:** migraine, abuse headache, painkillers, risk factors

#### INTRODUCTION

An estimated 3 billion people worldwide suffer from some type of headache disorder[1]. Most patients are people of socially active age [2], therefore, it is important to find and introduce new methods for the prevention of secondary headaches, the treatment of chronic headache diseases, the improvement of the patients' productivity and the preservation of the quality of life. is enough.

When observing patients with a diagnosis of chronic headache and chronic migraine, it can be seen in their anamnesis that they have been taking prophylactic painkillers for a long time and have additional concomitant diseases. [4,5]. Headache chronicity has not been fully studied, but it has been found to be associated with the abuse of painkillers in several patients. In fact, almost three-quarters of patients with chronic migraine have been found to be overmedicated, making up the majority of them. And it can be observed that these patients did not take these drugs under the supervision of a doctor. ICHD-3 abuse headache (medication overuse headache)- (I) use of two or more classes of triptans, ergotamine, opioids, or combined analgesics for at least 10 days per month 3 use



for more than a month or (II) secondary headache that develops from the use of nonsteroidal anti-inflammatory drugs (NSAIDs) or paracetamol for at least 15 days per month for more than 3 months [3]. According to studies, women aged 40 years are affected by this disease three to four times more often than men [6, 7], and this ratio varies to the same extent in different countries [7]. Abuse headache is often the result of long-standing chronic headache disorders and mainly the development of CM [8]. Whether abuse headache is secondary to medication overuse or whether Abuse headache is a consequence of chronic headache disorders is controversial [9]. Some risk factors associated with MOH [10] include: genetic predisposition, low education level, chronic gastrointestinal diseases, smoking, high caffeine intake, lack of physical activity, and psychiatric comorbidities such as depression and anxiety [6]. Any diseases that require frequent intake of various analgesics due to chronic pain can also lead to MOH [7]. Although it has previously been suggested that there is a common pathway between MOH and drug dependence (addiction) [11], our main goal in this paper is to investigate other associations between MOH and primary headaches is to identify and clarify.

### Methods:

The study included 50 patients with migraine-induced abuse headache (42 women, 8 men), mean age  $34.98 \pm 8.85$  (women:  $35.45 \pm 9.06$ , men:  $32.5 \pm 7.67$ ).

### Results:

Patients took several medications to relieve headache attacks. In abuse headache: abuse headache was caused by regular abuse of triptans 1.7% (2), simple analgesics 6.1% (7), nonsteroidal anti-inflammatory drugs 7.9% (9). It turned out. The main 84.2% (96) MOH-inducing drugs were found to be combination analgesics. Of the combined drugs, nonsteroidal anti-inflammatory drugs accounted for 29% (33), and combined drugs belonging to different groups accounted for 55.2% (63). The main 60.9% (50) patients received drugs belonging to several different groups at the same time

### Conclusions:

Our results showed that abuse headache is more likely to be caused by migraine and is more common in women. Combination painkillers are the main cause of abuse headache

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