

Case vignette: Scenario 1 – Chronic daily headache/ Medication overuse headache

Mrs X, 30 years of age, comes into the pharmacy for a purchase of an over the counter combination analgesic containing paracetamol and codeine.

Counter staff noticed a pattern of repeat purchases by Mrs X and they alerted the pharmacist who intervened in the sale to find out the reason for the frequent purchases. The pharmacist established Mrs X's long history of migraines which were increasing in frequency over time with her suffering from a headache almost every day.

Mrs. X described her background headache as mild but became severe and incapacitating at least twice a week, interfering with work and sleep. She took six to eight tablets containing a combination of paracetamol and codeine per day, with minimal relief.

The pharmacist gave her the "Managing your pain effectively using OTC medicines" leaflet from www.britishpainsociety.org together with an explanation of what could potentially be a chronic daily headache problem and asked Mrs X to make an appointment with her GP who will be able to help. Mrs X was reminded that OTC codeine containing analgesics must not be used continuously for more than three days and reminded Mrs X not to top up with other painkillers if she cannot get relief.

It is important for Mrs X to understand that repeated use of the headache medicine may be causing the daily headaches and the doctor will recommend a complete supervised withdrawal from the medication. Withdrawal from overused headache medication can lead to an initial worsening of the headache and sometimes to other symptoms such as nausea, vomiting or sleep disturbance. The GP and pharmacist can advise treatments to help manage such symptoms and the pharmacy staff have a role in supporting Mrs X in motivating her not to overuse headache medication in the longer-term. Other self-help methods to reduce stress and help Mrs X cope better can be suggested e.g. regular exercise or relaxation techniques and avoidance of foods that could trigger migraine. The use of a diary to identify any triggers if the migraines do return can help identify foods, drinks, and smells to avoid.

Overuse of headache medication is not a factor in all cases of **chronic daily headache** (CDH), but it may contribute to the change in pattern of intermittent headache into daily headache, and to continuation of the problem. Mrs X is suffering from medication overuse headache and self-managed her initial headache successfully with headache medication, but over time the headaches occurred more frequently and use of OTC medication increased until both became daily or near-daily. This change of pattern occurred over a few months and in Mrs X's case, she was using headache medication in an attempt, sometimes, to prevent a headache occurring rather than treating an

existing headache. Mrs X started buying regular OTC painkillers in anticipation of a headache which leads to **medication overuse headache (MOH)**.

Identifying Mrs X's CDH with or without medication overuse

- Is Mrs. X's headache always present?
- Is Mrs headache present on more than 15 days every month?
- Does Mrs X wake up with a headache?
- Is Mrs X using headache medicine daily or almost daily?
- Is the medicine not working as well as it used to for Mrs X? Are more or stronger doses needed?

If the answer is “**yes**” to any of these questions then Mrs X needs help in managing her symptoms by her doctor.

Pack size limitations

Recent limitations on OTC pack sizes mean that people using significant quantities of OTC medication frequently are likely to make repeat purchases from pharmacies or request larger amounts on prescription.

Doctors and Community pharmacy teams need to be aware of the people who request stronger medication for headaches or migraines.

Information and support for Mrs X

By providing further information such as the leaflet “*Managing your pain effectively using Over the Counter (OTC) Medicines*” which is available from www.britishpainsociety.org to people like Mrs X, the inappropriate use of headache medications can be discouraged and the prevalence and burden of medication overuse headaches can be reduced. People buying OTC medicines need to be better informed about the risks associated with long-term and high-frequency use of OTC painkillers containing codeine and warnings of not to take it continuously for more than three days.

The medically supervised withdrawal of the medication causing the medication daily or near daily headaches can cause Mrs X's headache to get worse together with other symptoms such as nausea and vomiting or sleep disturbances. Mrs X needs to be alerted to this and without explanation and support she is likely to fail to withdraw the headache medication.

There is a high rate of relapse in the absence of continued support. It is estimated 40% of people may do so within five years. It is important to recognise that the duration of medication overuse before the first withdrawal is predictive of long-term outcomes. This is important because it clearly shows the need for early intervention as in Mrs X's case. The Community pharmacy team can help Mrs X by providing ongoing support to help Mrs X from relapsing by providing counselling and motivational support. With better insight into her condition and with support from those around her and her healthcare team, Mrs X is more likely to better cope with her condition.

Case vignette: Scenario 2 – Deliberate abusers of dihydrocodeine containing analgesics

Miss Y, 23 years of age, comes into the pharmacy regularly to buy a combination analgesic of paracetamol and dihydrocodeine over the counter.

When the counter staff noticed a repeat purchase pattern, they alerted the pharmacist who intervened to find out the reason for the frequent purchases. The pharmacist established Miss Y may be addicted to dihydrocodeine after she stated “I can’t do without them. I really need ‘em to kick start my day with my morning coffee and fags!” Miss Y said that “if you don’t sell it to me, I’ll just go to another pharmacy or buy it off the internet!”

When asked when she first started taking the OTC product Miss Y said she has been buying them for a few months for her back pain, ever since she started taking her boyfriend’s prescription dihydrocodeine tablets that his dentist has prescribed for him for his terrible toothache which he never used as he had the tooth taken out shortly after. Miss Y had a bad back a few months ago after she had fallen after a Friday night out with the girls. She was in such a lot of pain that Miss Y took some of her boyfriend’s tablets that were remaining in the pack he was prescribed, over a period of a couple of weeks. When Miss Y ran out of them, she decided to pop into her local pharmacy for some OTC medicine that could help her. Miss Y bought the OTC painkiller containing dihydrocodeine. Miss Y said “I like the feeling it gives and I want to feel good like that every day. I get a real buzz after having it with my daily glass of wine at lunchtime”. Miss Y also mentioned “they also work a treat for my period pain!”

The pharmacist showed Miss Y the OTC packs that now clearly show the warning on addiction. The OTC product she has requested is meant to be used up to a maximum of three days only and should be used only if she finds she has not got relief from using other single ingredient painkillers.

The pharmacist referred Miss Y to the leaflet called “Managing your pain effectively using OTC medicines” and “Pain and substance misuse: improving the patient experience” - available from www.britishpainsociety.org together with an explanation of the prolonged use problem Miss Y is encountering and asked her to make an appointment with her GP who will be able to help. The pharmacist reminded Miss Y that OTC codeine and dihydrocodeine containing analgesics must not be used for more than three days. Miss Y was also reminded that if she needs painkillers for more than three days, she needs to talk to her doctor.

Miss Y was asked to read the patient information leaflet on the risk of addiction if she takes it continuously for more than three days.

It is important for Miss Y to understand that repeated use of the codeine or dihydrocodeine containing medicines requires a referral to her doctor who will

recommend a complete supervised withdrawal from the medication. Withdrawal from medication can lead to irritability and sometimes to other symptoms such as nausea, vomiting or sleep disturbance. The GP and pharmacist can advise treatments to help manage such symptoms and the pharmacy staff have a role in supporting Miss Y in helping her motivation not to abuse OTC medication or alcohol in the longer-term. Other self-help methods to reduce stress and help her cope better can be suggested e.g. regular exercise or relaxation technique and signposting to drink aware website <http://www.drinkaware.co.uk/> and help with stopping to smoke <http://smokefree.nhs.uk/>.

Miss Y should be counselled on trying single ingredient OTC painkillers for pain, for example aspirin, paracetamol, ibuprofen or diclofenac. If she has period pains she should try single ingredient painkillers first for example, those containing aspirin, paracetamol, ibuprofen, diclofenac or naproxen. OTC painkillers containing codeine or dihydrocodeine painkillers should only be used for short-term treatment of acute moderate pain which is not relieved by paracetamol, ibuprofen naproxen, diclofenac, or aspirin alone. Miss Y is counselled on the dangers of taking more than one painkiller and she must try and understand what she is taking. Also, she should not be using other people's prescribed medicines without the advice from a doctor.

Identifying Miss Y's addiction

- Does Miss Y feel that she needs to take the dihydrocodeine containing product for longer periods of time than instructed on the pack?
- Does Miss Y find herself buying more and more pills?
- Does Miss Y feel the need to take more than the recommended dose?
- Does Miss Y feel very unwell when stop taking the medicine but feels better if she starts taking the medicine again?

If the answer is “**yes**” to any of these questions then Miss Y needs help in managing her addiction symptoms by her doctor. If she took the medicine according to the instructions on the pack, it would be unlikely that she would have become addicted to the medicine.

Information and support for Miss Y

Information in the leaflets “*Managing your pain effectively*” using Over the Counter (OTC) Medicines” and “*Pain and substance misuse: improving the patient experience*” - both available from www.britishpainsociety.org can be given to Miss Y to help her understand about the risks associated with long-term use without medical supervision and emphasize Miss Y on the need to read the instructions on pack or pack leaflet which will discourage inappropriate use or abuse.

Withdrawal of the medication under medical supervision should be accompanied with explicit information on the likelihood of other symptoms occurring e.g. irritability, nausea and vomiting or sleep disturbances. Miss Y needs to be alerted to this and without explanation and support she is likely to fail to withdraw the medication.

There is a high rate of relapse in the absence of continued support. The Community pharmacy team can help Miss Y by providing ongoing support to help Miss Y relapsing by providing counselling and motivational support. With better insight into her condition and with a support network from those around her and the healthcare team, Miss Y is more likely to better cope with her condition.

Miss Y needs to be counselled on the safe use of painkillers especially on taking the right dose and encouraged to read the patient information leaflet or pack instructions. Miss Y needs to understand what she is taking and the advice re-iterated on never taking painkillers more frequently than it says on the instructions on pack or leaflet. Using the interaction of alcohol with dihydrocodeine as a basis, Miss Y should be encouraged to work out her recommended daily units of alcohol to avoid problems of alcohol dependence in the future as well as reading the information leaflet on avoiding alcohol with certain medications and the damage that occurs if the dose is exceeded.

Case vignette: Scenario 3 – **Seeing the explicit addiction warnings for the first time on the codeine/dihydrocodeine containing OTC medicine.**

Mr Z a 16 year old student comes into the pharmacy to buy a painkiller for his aches and pains from an intensive rugby training match. He asked for a large box of co-codamol tablets as his coach suggested he buys them for the team as well.

The pharmacist showed the new warnings on the pack to Mr Z. Mr Z was informed that codeine and dihydrocodeine containing OTC medicines can only be used for up to a maximum of three days only, for acute moderate pain that cannot be relieved by single ingredient painkillers such as paracetamol, ibuprofen, or diclofenac.

Looking at the new co-codamol packet, Mr Z did not understand the term “acute moderate pain” written on the packet and asked the pharmacist to explain what that means in plain English! The pharmacist asked if Mr Z has taken paracetamol or ibuprofen or diclofenac for treating his pain and if the pain had subsided. Mr Z said he had taken ibuprofen but it did not help much. His coach said he should try taking soluble co-codamol and buy a large pack so he can keep them in his sports bag for the rest of his team. The pharmacist explained to Mr Z that they cannot sell more than 32 effervescent tablets of OTC co-codamol to Mr Z as they are no longer available on the market. Mr Z should not be buying medicines for the coach to hand out to others as they may not be suitable for all of the members of the team.

The pharmacist explained that the new warnings and tighter controls on the sales of OTC medicines containing codeine and dihydrocodeine have been recently introduced to minimise the risk of overuse and addiction to these OTC medicines. The warnings of addictions have been in the pack leaflet since 2005 but to make it more prominent it was decided that the warnings should now also feature on the front of the pack as well.

The pharmacist reminded Mr Z that OTC codeine containing painkillers must not be used for more than 3 days and that his coach should also be alerted to this and to the fact that they should try the single ingredient painkillers such as paracetamol, ibuprofen and diclofenac first before trying the co-codamol.

The pharmacist showed Mr Z the OTC packs that now clearly show the warning on addiction on front of the pack. The OTC packs are also only meant to be used up to a maximum of three days only. Mr Z is instructed to read the patient information leaflet on the risks of addiction and the occurrence of chronic daily headache if he takes it continuously for more than three days.

Mr Z said he had not been made aware of the possibility of addiction before and so by taking them will he now become addicted? Mr Z asks the pharmacist if he should make an appointment with the doctor to get something else instead that does not cause addiction?

It is important for Mr X to understand that if he took OTC co-codamol tablets according to the instructions on the pack, it is unlikely that he will become addicted to the medicine.

Mr Z asked if he should tell his grandmother about the addiction warnings and the possibility of chronic daily headaches developing as he picks up his grandmother's prescription for her osteoarthritis from the same pharmacy and he knows she is prescribed a box of 100 every few months. Does that mean his grandmother is addicted and also is it safe for his grandmother to take them for more than 3 days at a time?

The pharmacist explained that the OTC packs contained the warnings to stop people self treating themselves for long-term conditions that should be treated by the doctor and so as long as she is supervised by her doctor and her medication reviewed frequently and she uses the prescription medicines as per instructions on the label, then she will be safe to carry on using the prescribed product. The pharmacist reassured Mr X that since his grandmother uses co-codamol for her osteoarthritis it is very unlikely she will develop chronic daily headaches or medication overuse headache because these do not generally occur in the treatment of long-term conditions like backache or rheumatic disease.

Pack size limitations

Recent limitations on OTC pack sizes mean that people requesting large packs of OTC medication containing codeine or dihydrocodeine will not be able to obtain them any longer from their pharmacy.

Information for Mr X and his coach

By providing further information such as the leaflet “*Managing your pain effectively using Over the Counter (OTC) Medicines*” which is available from www.britishpainsociety.org to people like Mr X and his coach, the appropriate use of OTC painkillers can be encouraged. People buying OTC medicines need to be better informed about the risks associated with long-term and high-frequency use of OTC painkillers containing codeine and warnings of not to take it continuously for more than three days. If they do need it for than three days then they should speak to their doctor. When taken at the right dose OTC painkillers are safe and effective medicines. Codeine or dihydrocodeine containing painkillers should only be used for short-term treatment of acute moderate pain which is not relieved by paracetamol, ibuprofen or diclofenac alone.

