Assessing general population knowledge about medication-overuse headache
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BACKGROUND
• Medication-overuse headache (MOH) is a condition that is widely preventable yet is estimated to affect 63 million people worldwide.
• MOH can be caused by a variety of common medications used to treat headaches.
• Data assessing patient's knowledge on MOH is lacking.

OBJECTIVE
• To describe the understanding of MOH by participants

METHODS

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Study Design
• Descriptive 18-item survey that contained both qualitative and quantitative questions
• Distributed anonymously using Amazon Mturk

Inclusion Criteria
• At least 18 year of age
• Provided correct completion codes

Exclusion Criteria
• Completion of survey in less than one minute
• Validity question was answered inappropriately

Survey
• Content of survey:
  • 3 demographic questions assessing age, gender, and education
  • Frequency of headache
  • Description of headache experienced
  • Severity of headache on a scale of 0 to 10
  • Clinical diagnosis, if applicable
  • Questions from the Migraine Disability Assessment Test (MIDAS)
  • Frequency of use various medications used to treat headaches
  • Perceived risk of various medications used to treat headaches
  • Familiarity with term 'medication-overuse headache' or 'rebound headache' and from where they had heard it
  • Intention to seek medical care for headaches
  • Intention to share information regarding medication-overuse headache
  • Frequency of headache question (repeated as a validation tool)

Medications addressed
• Butalbital
• Acetaminophen alone
• Acetaminophen with aspirin and caffeine
• Opioids
• Aspirin alone
• Triptans
• Ergotamine/dihydroergotamine
• NSAIDs

RESULTS

Table 1: Demographic Information

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>18-30</td>
<td>156 (47)</td>
<td>No degree</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>31-40</td>
<td>96 (28.9)</td>
<td>High School Diploma</td>
<td>16 (4.8)</td>
</tr>
<tr>
<td>41-50</td>
<td>45 (13.6)</td>
<td>Associate's Degree</td>
<td>14 (4.2)</td>
</tr>
<tr>
<td>51-60</td>
<td>27 (8.1)</td>
<td>Bachelor's Degree</td>
<td>242 (72.9)</td>
</tr>
<tr>
<td>61-70</td>
<td>8 (2.4)</td>
<td>Master's Degree</td>
<td>54 (16.3)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>Ph.D / Doctoral Degree</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Male</td>
<td>193 (58.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>139 (41.9)</td>
<td>Total Participants</td>
<td>332 (100)</td>
</tr>
</tbody>
</table>

CONCLUSION
• Overuse risk varies from medication to medication
• Unable to make true assessment of validity of participant response due to study being conducted using a survey
• Potential for difference in participants interpretation of questions

REFERENCES