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ЛЕКАРСТВЕННО ИНДУЦИРОВАННЫЕ ГОЛОВНЫЕ БОЛИ**Научный руководитель – к.филол.н., доцент Майорова О.А.**

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Пациенты, страдающие от первичной головной боли (мигрень, головная боль напряжение), очень часто пьют медицинские препараты «впрок», т. е. на начальных стадиях формирования ГБ, это приводит к более частым приступам боли. На данный момент симптоматического лечения и профилактики нет. В статье исследованы 20 пациентов с ЛИГБ, проведены анализы опросников и таблиц.

Ключевые слова: лекарственно индуцированная головная боль, медицинские препараты, головная боль, привычки.

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DRUG-INDUCED HEADACHES**Scientific Advisor – Ph.D. in Philology, Associate Professor Mayorova O.A.**

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Patients suffering from primary headache (migraine, tension headache) very often take medications "for the future", that is, at the initial stages of headache formation, this leads to more frequent pain attacks. At the moment, there is no symptomatic treatment and prevention. The article examines 20 patients with DIH, analyzes questionnaires and tables.

Key words: drug-induced headaches (DIH), medication, headache, habits.

At this point in time, people are experiencing headaches more and more frequently, rarely consulting a specialist and managing the pain with medication. Headache more than 15 days per month for 3-4 months against a background of excessive medication use is called drug-induced headache (DIH) - one of the most common forms of chronic headache (CH), the management of patients with DIH remains an urgent problem in modern medicine [2]. The only recognised effective treatment strategy is withdrawal of the drug causing DIH. Previously in Vitibsk it was shown that any component of combined drugs can cause DIH, but the greatest "share of responsibility" (up to 80%) lies with the narcotic components, an example being codeine, which is contained in Pentalgin-N, Nurofen-Plus, Caffetine, Sedalgin-Neo and Solpadeine. Regular use of codeine-containing medications tends to accelerate the development of DIH and may be particularly difficult to treat.

The aim

To investigate the causes of DIH.

Material and methods

Medical history was taken of 20 patients with secondary form of headache, prone to DIH. The analysis was done on the basis of questionnaires filled in by the patients during the visit to the attending physician. A summary table was created in a "Microsoft Excel" where the results of the questionnaire were added.

Results and discussion

Substances in analgesics inhibit the production of intrinsic pain-controlling substances such as serotonin and enkephalins. This reduces the activity of the body's own pain control system. This is the system that regulates the sensation of pain intensity and allows our brain to distinguish between real painful stimuli and non-painful stimuli such as touch and the like. The "pain threshold" is lowered and a real physiological dependence on painkillers develops. A decrease in the activity of the anti-pain system, in turn, leads to an increase in the frequency and intensity of primary headache attacks, causing a person to take analgesics again and again [1].

The most dangerous in terms of developing DIH are combined analgesics containing codeine and barbiturates, triptans, followed by simple analgesics - NSAIDs and paracetamol.

Causes:

- 1) Headache is daily
- 2) The headache is often monotonous, from mild to severe
- 3) The headache gets worse after the painkiller effect vanished, and is often worse in the morning (before the person has taken the painkiller) [4].

There were 20 participants in the study: three men and 17 women, with an average age of 28 years old.

The patients had different types of headache: 8 had primary headache and 12 had secondary headache. The average age of onset was 13-14 years old.

In 17 people, frequent headaches were observed in relatives, in 24% the pain was primary, because the organic cause of the pain could not be found, and in 76% it was secondary (symptomatic), caused by organic diseases of the brain, other structures in the head and neck region, or systemic diseases.

The frequency of headache in the last 3 months has increased dramatically, and this has led patients to consult a specialist. 75% of people had stressful situations before their headaches, episodic tension headaches. Episodic tension headache is defined as pain in response to mental tension due to acute or chronic stress, in 6% the pain was due to trauma, in 14% to withdrawal of a medication the patient used to control pain, in 5% for unknown reasons. According to epidemiological studies, 50-70% of patients with DIH had migraine at baseline.

Other studies have reported 80-100%. 16 People also took analgesics at night, on average 6 times a month, because of constant nightmares, insomnia, during which the wave of pain increased. The most common drugs used by DIH patients were paracetamol, ibuprofen, spasmalgon, and 18% used codeine. Within a month, the effect of the drugs was minimal, only relieving the primary symptoms. 6 between 16-22 years old had mild trauma to the brain, 3 had concussion, after which 73% had bilateral headache, pressure or compression, of mild to moderate intensity, present for more than 15-18 days per month.

Conclusion

From this we can conclude that the development of DIH is influenced by factors such as: the emotional state of the patient, there were also cases of trauma (concussion of the brain, mild trauma of the brain), the appearance of severe pain when trying to withdraw painkillers, as people took drugs without visible signs of headache, which led to the adaptive capacity of the body and after withdrawal of analgesics the pain returned. DIH most commonly affects women between the ages of 23 and 26.

DIH most commonly affects women between the ages of 23 and 26. Research shows that in 75% of cases, patients with DIH have migraine, which then becomes DIH due to the use of medication, especially those containing codeine.

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