**KEY TAKEAWAYS**

- Medication overuse headache (MOH) is defined as headache that occurs at least 15 days a month and is associated with acute medication use from 10–15 days a month, depending on the medication.
- Older acute treatments, including triptans, NSAIDs, analgesics, butalbital, and opioids, all cause transformation to chronic migraine when used above a certain threshold.
- Gepants and DHE do not contribute to chronic migraine or MOH.
- Nearly all acute pain medications, whether for migraine or not, contribute toward MOH.
- Butalbital and opioids should be avoided.
- The new CGRP medications convert most people from chronic to episodic migraine, and from MOH to non-overuse.

**QUOTES**

“’It’s an amazing time for people with migraine because of the prospect of improvement ... This is the time to go back in and talk to an educated provider about the prospect of better treatment.”

“Once people move into the 10-15-days-of-use range for any pain medicine, that pain medicine can worsen the migraines”

“The monoclonal antibodies ... convert the majority of people from medication overuse to non-overuse, and from chronic to episodic migraine ... just by starting and continuing the monoclonal antibodies.”

**PRACTICAL STEPS**

- Seek an educated provider and discuss the new medication options of CGRP antibodies and gepants.
- Find alternatives to butalbital and opioids.
- Consider that if you are taking pain medications of any sort, 10 to 15 days per month, you are at risk of transforming to medication overuse headache or chronic migraine. Seek better treatment options to reduce this risk.
- Advocate for yourself and the migraine community for proper use of medication for treatment.