Background and importance Medication overdose headache (MOH) is a secondary headache disorder occurring on 15 or more days per month developing as a consequence of regular overdose of headache medication for more than 3 months.

The prevalence of MOH is approximately 1–2% and is higher in women than in men. Many medications used to treat headaches have the potential for causing MOH. Currently, MOH secondary to triptans is increasing and leads to MOH sooner than with other medications. Anxiety and depression may be risk factors for the evolution of migraine into MOH.

Aim and objectives To determine the prevalence of patients treated with triptans at risk of MOH (regular intake for ≥10 days/month for >3 months) and the profile in our health area; to identify and communicate to the prescribers those patients with overdose of triptans; and to inform all clinicians about MOH: aetiology, clinical features, diagnosis and treatment.

Material and methods We analysed the dispensation records of all patients treated with triptans over 3 months (June 2019–September 2019). Data collected were sex, age, monthly intake frequency and co-medication. We alerted prescribers by email, including management and de-prescription recommendations for MOH. We posted content about MOH in our blog.

Results The prevalence of patients treated with triptans was 0.50%; 47 of 538 patients taking triptans (8.7%) were at risk of MOH. Their median age was 55 years and most were women (79%). Median monthly intake was 16 doses (10–48). Thirty patients (64%) had prescriptions for anxiety and/or depression and 13 patients (28%) had preventive therapy prescriptions for headache. Twenty-nine prescribers were notified by email. Dispensation record history, co-medication, MOH management guide and patient education leaflets were attached.

Conclusion and relevance MOH is a common problem in clinical practice that needs to be properly managed to increase the likelihood of successful chronic daily headache treatment. The results obtained in our population were similar to published studies, both in prevalence and in patient profile. However, the MOH rate was still lacking as it needs a clinician diagnosis. In 6 months we will collect information about the evolution of these patients, and we expect that our intervention will lead to treatment optimisation, better use of triptans and headache relief.