

CASE REPORT

Prolonged Abuse of Vasograin Tablets

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ABSTRACT

Migraine is a primary headache disorder characterized by moderate to severe recurrent headaches. We describe the case of a 33-year-old male who had been using vasograin tablets in dose of 2 to 3 tablets per day for a period of 16 years without any regular medical advice. In the absence of dose, he experienced various physical and psychological withdrawal symptoms, which were similar to migraine. Patient was managed medically with substitution and supportive therapy. Clinical importance of such cases in medical practice is discussed.

Keywords: Chronic headache, Migraine, Vasograin.

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INTRODUCTION

Migraine is a primary headache disorder characterized by recurrent headaches. Typically the headache appears in one half of the head, is pulsating in nature, and lasts for 2 to 72 hours. Analgesics, triptans, and ergotamines are the most commonly used drugs for the treatment of migraine.

Migraine patients frequently overuse analgesic medications. Frequent use of various type of migraine medication may paradoxically cause an increased frequency of headache attacks. Patients enter into self-perpetuating cycle of daily headaches called chronic headache and use of symptomatic medication. Chronic headache is a common clinical problem. Mathew et al¹ introduced the concept of transformation of episode migraine into chronic daily headache. The term "chronic migraine" has been introduced by and defined by the International Headache Society (IHS).

Chronic daily headache is the commonest type of headache encountered in psychiatric and neuro-outpatients. Majority of these patients are of transformed migraine (TM).

About 50% are daily headache and 50% are transformed from episodic migraine. Transformed migraine is a condition that initially begins as episodic migraine attacks, which then increases in frequency over a period of months to year. Transformed migraine occurs daily or almost daily and appears to be a mixture of tension-type headache and migraine headache.

Vasograin is commonly used for the treatment of vascular headache and migraine. It contains ergotamine tartrate 1 mg, caffeine 100 mg, paracetamol 250 mg, and prochlorperazine maleate 2.5 mg. Ergotamine acts as a vasoconstrictor. It also particularly acts peripherally and can damage the epithelium. It can reduce blood supply to the heart. If used beyond a certain amount a day, it can result in lots of life-threatening complications like thrombosis and gangrene. Prochlorperazine is an anti-psychotic drug, used as an antiemetic drug. Its prolonged use can cause extrapyramidal symptoms, stiffness, twitching, dystonia, and akathisia. It can also cause tardive dyskinesia and neuroleptic malignant syndrome. Caffeine acts against adenosine in the body and decreases pain. Caffeine triggers the central nervous system and muscle system and improves the metabolism. Paracetamol is an analgesic. Vasograin tablet is one of the frequently over-used medicines in transformed headache. Because of its side-effect profile and availability of better alternative medicines, vasograin is not recommended for its regular use in patients with migraine.

CASE REPORT

We describe a 33-year-old married male patient with migraine who was regularly self-medicating 1 to 3 tablets of vasograin for more than 16 years. The patient presented with complaints of headache, vomiting, giddiness, and decreased sleep. Headache was one sided, severe in intensity, and episodic in nature lasting 3 to 4 hours a day; 16 years back this patient was started on vasograin sos by a family doctor. Following that, for regularly 16 years he had been taking 1 to 3 tablets vasograin daily without any subsequent consultation. In the absence of vasograin, he complained of headache, nausea, and vomiting and again started using vasograin. Then he did not miss vasograin even for a single day in the past 16 years. All his investigations including computed tomography scan were normal. He was advised to stop the tablet vasograin and managed with tablet Flupirtine SR 400 mg OD and tablet

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Pregabalin 75 mg TDS. Both of these medicines were gradually reduced and finally stopped within a period of 6 months. At the time of last visit he was maintaining well without migraine headache.

DISCUSSION

In this case, there are two possibilities: First is chronic daily headache changed into TM, second is medication overuse headache (MOH).² In the clinical setting it is quite difficult to distinguish these two entities. There is a need to remain aware and sensitive about these clinical problems in medical practices. If such cases remain undiagnosed or untreated, there are chances for many drug-induced medical complications.

Medication overuse headache is a worldwide health problem with a prevalence of 1 to 2%.^{3,4} It is a severe form

of headache where the patients often have a long history of headache and unsuccessful treatments. Medication overuse headache is characterized as chronic headache and overuse of different headache medications. There is a clear consensus regarding optimal strategy for the management of MOH.

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