

MIRACLE Academy

قال تعالى (يَرْفَعُ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ)

تفريغ OTC
زميلتكم سارة جرادات



لجان الدفعات

Headache



Non-Prescription Drugs and Parapharmaceuticals

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Headache →

هذه Symptom من أشهر أعراض الصداع
يُجب مواجهتها الصيغي صداع، الصداع، الصداع، الصداع، الصداع

- Headache is a **common symptom**. The most **common types** of **headache** that the **community pharmacist** is likely to encounter are **tension headache** and **migraine**.

نتيجة عن فرط استخدام الأدوية →

- **Another type** of headache that pharmacists **should be wary of** are those **related** to **medication overuse**.
- Careful (**questioning**) can **distinguish causes** that are potentially **more serious**, so that **referral to the doctor can be advised**.

١. يلي عندهم ألم شديد في
عقبة الرأس
و تيبس في الرقبة مباشرة
referred

What you need to know - Age

- Children with severe pain across the back of the head and neck rigidity should be referred immediately.

٢. الطفل يلي يعاني منه صداع مصاحب لإصابة أو صدمة بالرأس مثل السقوط مباشرة referred

- Child with a headache especially if there is an associated history of injury or trauma to the head, for example, from a fall should be referred immediately.

٣. غالباً إذا migraine يكون بغير 20-35 أقل من 40
إذا كانت أول مرة بسبب migraine بغير التاريخ سابقاً وأكثر مباشرة referred

- It is unusual for patients to present with their first migraine episode over the age of 40 years, and these patients should be referred.

٤. صداع بعد أيام من السقوط مباشرة referred
لأنه يمكننا يكون ناتج عن نزيف بطيء بالمخ.

- Elderly patients sometimes suffer a headache a few days after a fall. Such cases may be the result of a slow bleed into the brain

What you need to know-Duration

• أي مساع لا يستجيب للأدوية الـ OTC خلال أيام مباشرة referred

- Any headache that does not respond to over-the-counter (OTC) analgesics within a day requires referral.

What you need to know-Nature and site of pain

انواع :-

Headaches

Sinus:
pain is
behind
browbone
and/or
cheekbones



Cluster:
pain is
in and
around
one eye



Tension:
pain is
like a band
squeezing
the head



مثل شريط
يضغط على الرأس

Migraine:
pain, nausea
and visual
changes are
typical of
classic form



ADAM.

توتر

صداع نصفي

- مراحل تبدأ من
1. prodromal phase
 2. Aura
 3. Headache phase
- في ناسو بعد من
مباشرة بصير عند هم
headache

What you need to know-Nature and site of pain

Muscle Contraction / Tension HA: due to stress or anxiety.

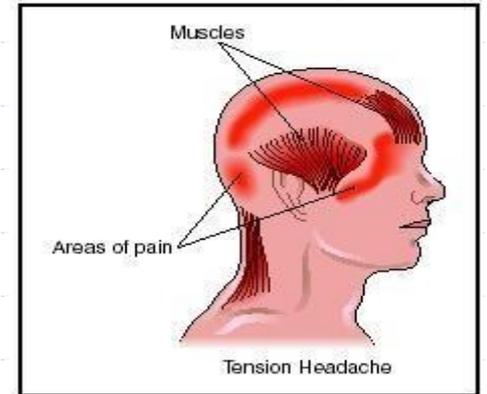
- Results from tight muscles at upper back, neck, occiput or scalp.

* زي اسٹی شد علی راسی
بوجیک

uni : migraine ← عکس ال

- Bilateral, diffuse- at top of head- extend to the base of the skull. Aching 'tight' pressing- gradual in onset, worsens through the day.

آلم هنا غط يزداد سوءًا خلال اليوم.



- Associated with emotional stress/anxiety- may last several days

- A steady, dull pain that is deep seated, severe and aggravated by lying down.

بزيد عند الانشاء → ألم هنا غط أو شبيهه ثم ثابت

- requires referral, since it may be due to raised intracranial pressure from a brain tumour, infection or other cause

What you need to know-Nature and site of pain

- **Migraine HA (vascular HA)** → *بكون ثروبينج يعنى ألم نابض*
- **Mainly women** (3 times more)
- **Attack:** 3 hrs--- up to 3 days (av. 24 hrs)
- **Migraine:** *+* recurrent, *+* hemicranial *رضفي*, *+* throbbing
- **Triggers:** stress, fatigue, oversleeping, fasting, vasoactive substances in food, caffeine, alcohol. ** Hormonal change* Menses and changes in BP.
- Maybe caused by medications: nitrates, OCPs, indomethacin, HRTs)
Hormone replacement therapy
oral contraceptive pills

What you need to know-Nature and site of pain

around and orbit

■ Cluster headache

- Predominantly affects men aged 40-60 * يفتقره ١٠-٣ ساعات
- HA occurs same time each day, last 10 min-3h 50% of patients: night-time
- Woken 2-3 h after sleep with steady intense unilateral orbital pain. *
- Conjunctivitis and nasal congestion (watery) is experienced at same side of head
- Nausea is usually absent and family history uncommon
- Referral to the doctor. OTC unlikely to be effective

migraine ←

What you need to know-Nature and site of pain

- Sinus Headache

- infection/blockage of the paranasal sinuses > inflammation/distension of the sensitive sinus walls.
- Localised: peri-orbital, forehead area with stooping, subside after a while
حول العين

- OTC analgesics + decongestants - تقوية عند احتقان

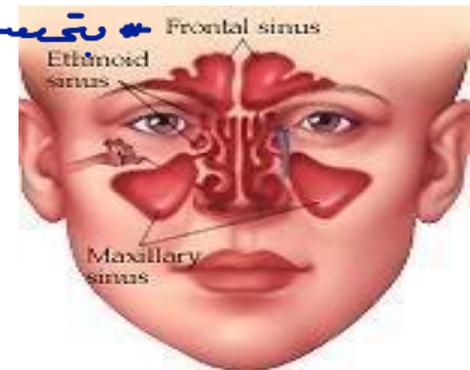


TABLE 5-1 Characteristics of Tension-Type, Migraine, and Sinus Headaches

| | Tension-Type Headache | Migraine Headache | Sinus Headache |
|----------|--|--|--|
| Location | Bilateral Over the top of head, extending to base of skull | Usually unilateral | Face, forehead, or periorbital area |
| Nature | Varies from diffuse ache to tight , pressing, constricting pain | Throbbing May be preceded by an aura | Pressure behind eyes or face Dull , bilateral pain Worse in the morning |
| Onset | Gradual | Sudden | Simultaneous with sinus symptoms, including purulent nasal discharge |
| Duration | Minutes to days | Hours to 2 days | Days (resolves with sinus symptoms) |

* مثل ما حكمنا قبل بچی مریض عمره ۲۰ سنه بصیبه میگرنه لآدل مرة های serious condition

What you need to know-Previous history

* عرضة أنه الصداع يأتي بعاقبة منه المنفع المعتاد مطمئن

- It is always reassuring to know that the **headache experienced is the usual type for that person**
- whereas **new or different headaches** (especially in **people over 45** years) may be a **warning sign of a more serious condition**.
- **Migraine patients typically** suffer from recurrent episodes of **headaches**
- In some cases, the **headaches occur in clusters**. The pain may be **present daily for 2–3 weeks** and then be **absent for months or years**

* بينما إذا نوع مختلف أو جديد عند المريض أكبر من ٤٥ های الحالة خطيرة

تكون الألم موجود يوصيًا هذا
٢-٣ أسابيع يوم بين مختلفيا
عاشهر أو سنوات

What you need to know- Medication overuse

- Medication overuse headache is a chronic headache (occurring on more than 15 days each month) that develops or worsens with frequent use of any drug treatment for pain in people who have tension-type headache or migraine.
- It has also been identified in people taking analgesics for other painful conditions. It is most commonly seen when triptans, opioids, or combination analgesia have been taken for 10 days per month or more and is sometimes seen if paracetamol or NSAIDs are taken on 15 days per month or more.

ال overuse المسكنات - يمكن بسبب headache

What you need to know-Medication overuse

- If medication overuse headache is suspected, it is important to determine what medication has been taken for headaches, in what dose and with what frequency, particularly in those regularly purchasing OTC products.

- The main treatment is stopping the analgesia, in tandem with careful support and encouragement. Advise people that headache symptoms are likely to get worse in the short term before they improve and that there may be associated withdrawal symptoms

← لازم نخبر المريض انه الاثرافى ممكن تزداد سوء لفترة قبل مايقسن
دمك يكون فيه اثارافى انسانيه



Table 5.3
Specific questions to ask the patient: Headache

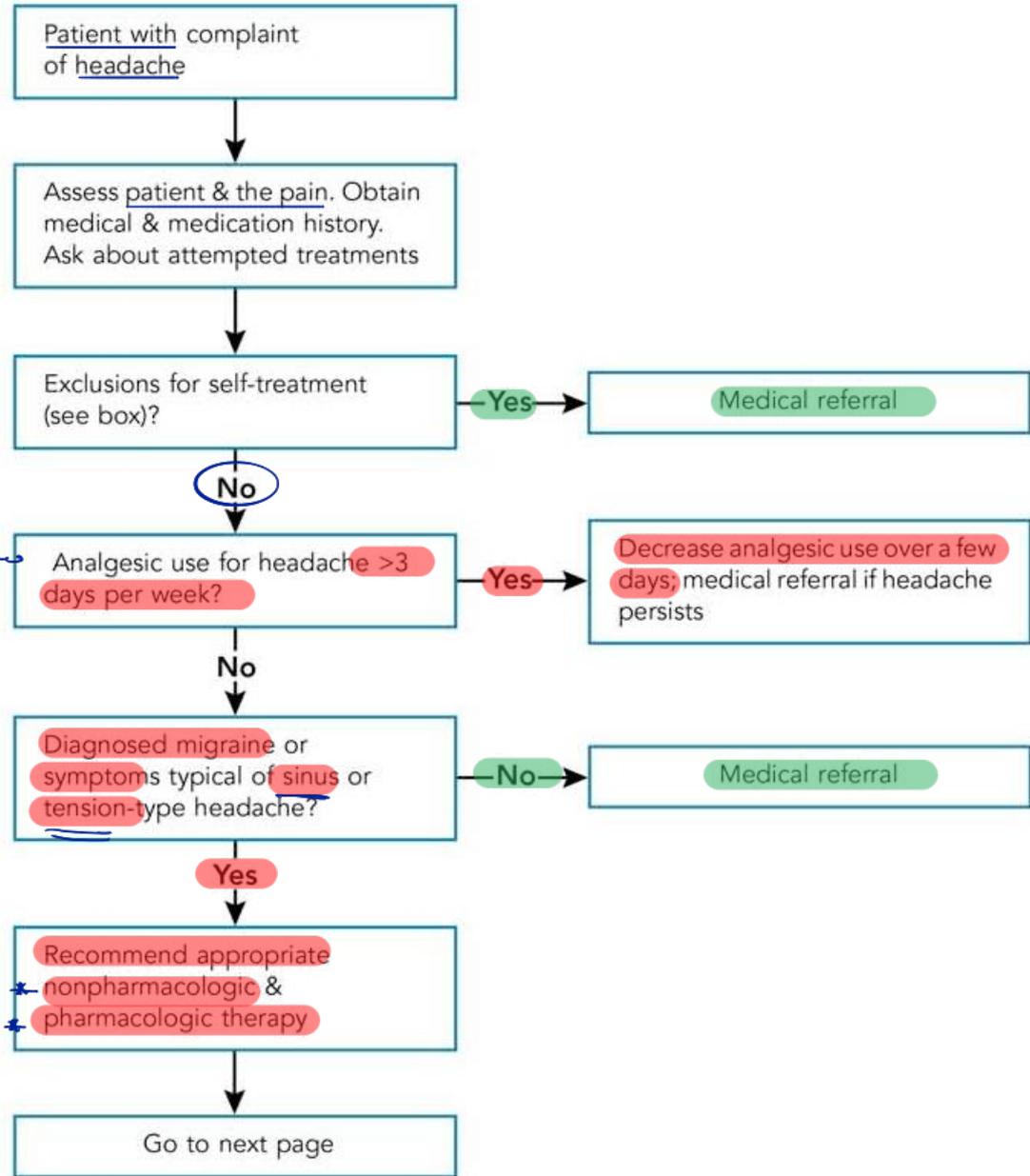
سؤال

| Question | Relevance |
|---------------------------------|--|
| Onset of headache | <p>In early childhood or as a young adult, primary headache is most likely. After 50 years of age, the likelihood of a secondary cause is much greater.</p> <p>Headache that follows head trauma might indicate postconcussive headache or intracranial pathology.</p> |
| Frequency and timing | <p>Headache associated with the menstrual cycle or at certain times (e.g. weekend, holiday) suggests migraine.</p> <p>Headaches that occur episodically at the same time of day or night suggest cluster headache.</p> <p>Headaches that occur on most days with the same pattern suggest tension-type headache.</p> |
| Location of pain (see Fig. 5.1) | <p>Cluster headache is nearly always unilateral in the frontal and ocular areas (can also be felt in the temporal areas).</p> <p>Migraine headache is unilateral in 70% of patients but can change from side to side and from attack to attack.</p> <p>Tension-type headache is often bilateral, either in frontal or occipital areas, and described as a tight band.</p> <p>Very localized pain suggests an organic cause.</p> |
| Severity of pain | <p>Pain is a subjective personal experience and there are therefore no objective measures. Using a numeric pain intensity scale should allow you to assess the level of pain the person is experiencing: 0 represents no pain and 10 the worst pain possible.</p> <p>Dull and band-like suggests tension-type headache.</p> <p>Severe to intense ache or throbbing suggests haemorrhage or aneurysm.</p> <p>Piercing, boring, searing eye pain suggests cluster headache.</p> <p>Moderate to severe throbbing pain that often starts as dull ache suggests migraine.</p> |

Goals of treatment :

- Reduce attack frequency and severity.
- Reduce disability.
- Improve quality of life.
- Avoid headache medication escalation.
- Educate and enable patients to manage their disease.

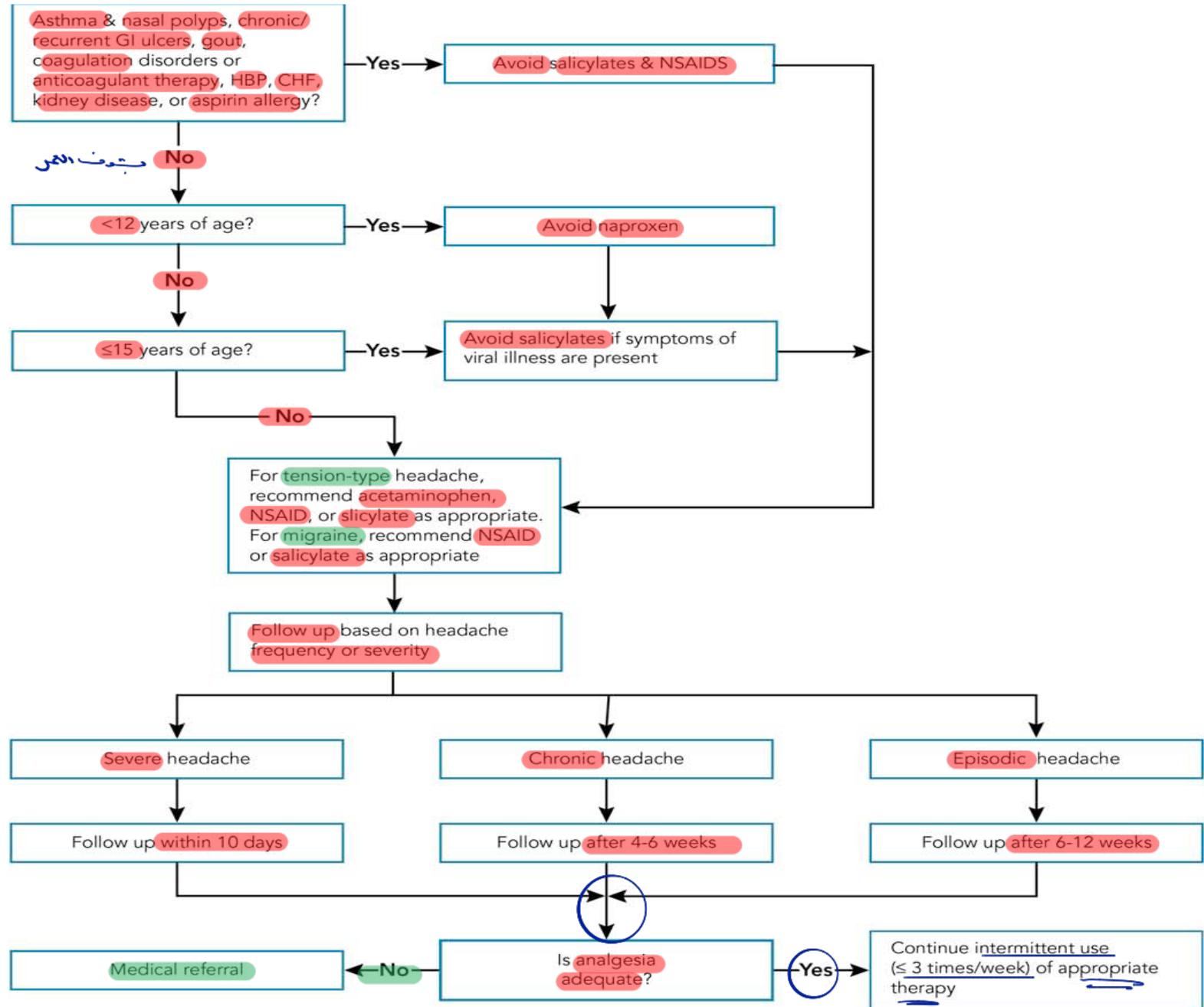
Self-care of headache



استخدام مسكنات بشكل متكرر
 ١٣ أيام بالأسبوع
 [بخصوص استعمال مسكنات
 إذا كان
 الاستخدام أكثر من
 ٣ أيام بالأسبوع
 referred]

- ### Exclusions for Self-Treatment
- Severe head pain
 - Headaches that persist for 10 days with or without treatment
 - Last trimester of pregnancy
 - <8 years of age
 - High fever or signs of serious infection
 - History of liver disease or consumption of ≥3 alcoholic drinks per day
 - Headache associated with underlying pathology (secondary headache)
 - Symptoms consistent with migraine, but no formal diagnosis of migraine headache

Self-care of headache



- **Treatment timescale**
- If the headache does not respond to OTC analgesics within a day, referral is advisable.

Management

* أقل تهيج للمعدة هذا الأسبرين
يستخدم عند المرضى الذين يعانون من آلام
الأسبرين على تناول

- **Paracetamol** is less irritating to the stomach than is *aspirin* and can therefore be recommended for those patients who are unable to take *aspirin*.
- Paracetamol has *analgesic and antipyretic effects* but little or no *antiinflammatory* action.
- The exact way in which *paracetamol* exerts its analgesic effect remains unclear
- Evidence for the effectiveness of *paracetamol* in the management of *migraine* is limited.

* يستخدم ال paracetamol في ال Gout, peptic ulcer
renal disease, aspirin hypersensitivity, Asthma.

Management-NSAIDs

- **Ibuprofen** has analgesic, anti-inflammatory and antipyretic activities and causes less irritation and damage to the stomach than does aspirin.
- The dose required for analgesic activity is 200–400 mg and that for anti-inflammatory action 300–600 mg (total daily dose of 1600–2400 mg). The maximum daily dose allowable for OTC use is 1200 mg and *ibuprofen tablets or capsules*

Management-caffeine

- *Caffeine* is included in some combination analgesic products. OTC analgesics contain 30–50 mg per tablet.
- Products containing caffeine are best avoided near bedtime because of their stimulant and diuretic effect.
- Caffeine may have an irritant effect on the stomach.

Management-Antihistamines

- **Buclizine** is an antihistamine and is included in an OTC compound analgesic for migraine because of its antiemetic action.
- **Doxylamine** is an antihistamine whose sedative and relaxing effects are probably responsible for its usefulness in treating tension headaches.
- Like other older antihistamines, doxylamine can cause drowsiness, and patients should be warned about this.
- Doxylamine containing products should not be recommended for children under 12 years old.

دفا

Management-Sumatriptan

- **Sumatriptan** 50 mg tablets can be used OTC for **acute relief of migraine**.
- It can be used by people **aged between 18 and 65 years**
- A **50 mg** tablet is **taken as soon as possible after the migraine headache starts**. A **second dose** can be **taken at least 2 h after the first** if **symptoms come back**.
- A second dose should be **taken only if the headache responded to the first dose**.

← بيأخذ الجرعة بعد أول صداع 50mg. إذا رجعت أعراض الصداع مرة ثانية يرجع يأخذ كميات جرعة بسيطة يتوقف استجاب الجرعة الأولى.

عكفنا اصبه -> B-Blocker

* كايه حتم و قائيا

- OTC **sumatriptan** must not be used prophylactically and not in people with:
 1. known hypertension,
 2. previous MI
 3. ischaemic heart disease.
 4. peripheral vascular disease,
 5. coronary vasospasm/Prinzmetal's angina,
 6. cardiac arrhythmias.
 7. hepatic or renal impairment.
 8. epilepsy, a history of seizures
 9. and cerebrovascular accident

Sumatriptan C.I.s:-

- 1b. • These include ^{1. MAOIs} monoamine oxidase inhibitors (either current or within the ^{2.} last 2 weeks), ^{3.} ergot and St John's wort (may increase serotonin levels).

Table 5.4
Triggers and strategies to **reduce migraine attacks**

| Trigger | Strategy |
|--|---|
| Stress | Maintain regular sleep pattern. Perform regular exercise . ³ Modify work environment . ⁴ Do relaxation techniques , such as yoga . |
| Diet. Any food can be a potential trigger , but food that is implicated includes cheese, citrus fruit, chocolate . | Maintain a food diary. If an attack occurs within 6 hours of food ingestion and is reproducible , it is likely that it is a trigger for migraine . Eat regularly and do not skip meals . Note: Detecting triggers is complicated because they appear to be cumulative, jointly contributing to a threshold above which attacks are initiated. |

→ إذا حدث صداع خلال ساعات من تناول الأكل، وكانت قابلة للتكرار تكون صداع الجوع

الاصحوا

Management- Feverfew

- **Feverfew** is a herb that has been **used** in the prophylaxis of migraine.
- The herb has a **bitter taste**, which **some patients cannot tolerate**.
- Feverfew was used in the past as an **abortifacient**, and it **should not be recommended for pregnant women with migraine**.
- **Adverse effects** that have been reported from the use of feverfew include **mouth ulceration** (which seems to occur in about **10% of patients**), **abdominal colic**, **heartburn** and **skin rashes**.

لاجرها هنا