

Let's avoid accepting this headache paradigm as gospel

Dr. Crain's excellent review, "Breaking the cycle of medication overuse headache" (*J Fam Pract.* 2021;70:20-28) provides an approach to the diagnosis and treatment of this common disorder that is consistent with most expert opinion and published guidelines. However, like most articles on this subject, it is missing a critical review of the evidence that supports the existence of this condition and the recommended treatments.

The strong association between intractable headaches and quantity of medication used makes the diagnosis of medication overuse headache (MOH) attractive with plausible (if unproven) pathophysiological mechanisms. However, reversing the direction of causation (intractable headaches lead to more medication) seems just as likely. While MOH is taken as an article of faith by most headache experts, high-quality studies in support of this theory have not yet been performed.¹

On the other hand, fear of MOH often leads to rigid, arbitrary limitations of abortive medications, blaming of the patient for their symptoms, and the substitution of a host of pharmacologic and nonpharmacologic interventions that similarly lack evidence of efficacy. Patients with chronic migraine are told to take abortive medications early in the headache but not to take them more than twice per week. They hoard their medications while trying to decide if each daily headache is the "big one" that merits depleting their limited supply of medication.

Avoiding medication "overuse" and prescribing from our growing armamentarium of effective preventive medications remain important strategies. However, until we have better evidence, we need to be a little more flexible in prescribing abortive medications



and avoid accepting the MOH paradigm as gospel.

David A. Silverstein, MD
Buffalo, NY

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Mnemonics can be real lifesavers

Mnemonics are often used to help remember complex groups of individual items related to a common theme. Studies have shown

that college students studying with mnemonics outperform students using rote learning, suggesting that mnemonics are useful in retention of facts.¹

In 1 study, researchers compared memory athletes and control subjects before and after mnemonic training.² Findings showed that mnemonics created connectivity changes in the control group similar to memory athletes at baseline. These changes persisted for as long as 4 months after training, demonstrating that mnemonics have long-lasting effects on memory capacity.²

The most frequently used forms of medical mnemonics are acronyms or acrostics. Acronyms are words in which each letter in the word corresponds to a series of words to be remembered.³ A familiar example of a medical acronym is "SLUDGE," which represents the symptoms for cholinergic toxicity (salivation, lacrimation, urination, defecation, gastrointestinal upset, emesis). An acrostic involves a phrase in which the first letter of each word corresponds to the first letter of a word to be remembered.³ A commonly used acrostic phrase for the memorization of the 12 cranial nerves is "On Old Olympus' Towering Tops A Finn And German Viewed Some Hops": olfactory, optic, oculomotor, trochlear, trigeminal, abducens, facial, auditory (vestibulocochlear), glossopharyngeal, vagus, spinal accessory, hypoglossal.

Mnemonics are an effective way for medical students, residents, and current practitioners to effortlessly recall information. For

➤ Patients with chronic migraine hoard their medications while trying to decide if each daily headache is the "big one" that merits depleting their limited supply of medication.

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example, COVERABCD is an acronym that stands for circulation/capnograph/color, oxygen, ventilation, endotracheal tube, review of equipment, airway, breathing, circulation, and drugs.⁴ Runciman et al showed that the use of the acronym COVERABCD could have prevented or mitigated 60% of 2000 anesthetic incidents.⁴ Another mnemonic, FAST, used to assess for a stroke, reduced median hospital arrival times by more than an hour.⁵

There are hundreds of mnemonics related to medical practice. Collections of those that might be useful for family practitioners and medical residents can be found at the following links:

<https://epomedicine.com/medical-mnemonics/>

www.oxfordmedicaleducation.com/medical-mnemonics/

Kristyn McKnight, PharmD candidate
Hannah Lutz, PharmD candidate
Tracy Mahvan, MBA, PharmD, BCGP
School of Pharmacy, University of Wyoming, Laramie

1. Dave H, Awasthi S. An investigation of the role of mnemonics in higher education. Paper presented at: International Conference on Digital Pedagogies (ICDP); April 1-3, 2019; New Delhi, India. <http://dx.doi.org/10.2139/ssrn.3375714>
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