



Heinz Field – Pittsburgh, PA



PIC QUESTION OF THE WEEK: 1/26/09

Q: What methods are available for discontinuing butalbital-containing medications in patients treated for chronic headache?

A: Many patients rely on daily medication to manage their frequent headaches. A combination of acetaminophen/butalbital/caffeine (Fioricet) is commonly prescribed for the treatment of tension and/or migraine headaches. Butalbital is a short-acting barbiturate incorporated into these products because of its sedative and relaxant properties. The maximum recommended daily dose of butalbital is 300 mg which is equivalent to six tablets of Fioricet. When taken for prolonged periods, the drug can produce dependence. Fioricet is not considered a scheduled substance; however, Fiorinal (containing *aspirin* rather than *acetaminophen*) is listed as a Schedule III formulation. Chronic daily headaches often continue during excessive administration of these analgesic combinations. Abrupt discontinuation of large chronic doses of butalbital can produce anxiety, restlessness, sleep disturbances, seizures, and hallucinations that may last several days. Lower doses of the drug are unlikely to produce evidence of physical dependence when the medication is rapidly discontinued. There are several approaches to withdrawing patients from butalbital-containing compounds. One option is to reduce the daily dose by one to two tablets every three to five days for patients receiving standard doses of the medication. In patients suspected of overusing butalbital-containing formulations, a more controlled approach is to convert them to an equivalent dose of phenobarbital, a longer-acting barbiturate. It is suggested that 100 mg of butalbital (two tablets of Fioricet) is equivalent to 30 mg of phenobarbital. The phenobarbital can then be tapered by 15 to 30 mg daily to avoid symptoms of withdrawal. For patients previously using more than 800 mg a day of butalbital, more gradual tapering of phenobarbital is recommended in order to avoid the development of seizures.

References:

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