Background: Headache among people living with epilepsy (PWE) is classified as pre-ictal, ictal, post-ictal and inter-ictal. Inter-ictal headache differs from the other three in having no definite relationship with seizures. There is hardly any systematic study on antiepileptic drugs (AEDs) associated headache other than a few case reports and mention in the package inserts.

Objective: To assess prevalence of headache in epileptic patients using Carbamazepine compared to other AEDs.

Materials and methods: 2000 epileptic patients on AEDs were screened, out of which 165 patients having headache were identified. Eight patients were excluded due to comorbid illnesses, which could potentially contribute to headache. Finally 157 patients were recruited as cases. 157 age and sex matched epilepsy patients on AEDs, without headache were recruited as controls. Headache questionnaire based on ICHD-II criteria was used to classify primary headaches such as migraine and tension-type headache.

Results: 157(7.8%) out of around 2000 epileptic patients had some form of new onset interictal headache. 71 (45%) of our patients with headache had migrainous character out of whom 23 (14.6%) had migraine without aura. In multivariate analysis, lower seizure frequency and lower EEG abnormalities were found to be independent predictors of headache.

Conclusions: CBZ was not found to have any predilection for headache compared to other AEDs. Lower frequency of seizures and EEG abnormalities in patients with headache may suggest that seizures contribute less to the development of headache and further may support the hypothesis that antiepileptic drugs may be significant contributing factors for the development of headache.