

Headaches as you age

Finding relief

You really wanted to attend your granddaughter's school play, but with your splitting headache you knew you wouldn't enjoy the event. You thought your headaches would go away now that you're retired and have less on your mind, but they still occur regularly.

Headaches are less common with age. Nonetheless, they're still a problem among older adults — between 15 and 20 percent of adults older than 60 have more than two headaches a month. Furthermore, with age comes a new concern — headaches due to an underlying cause are more common.

Some first-time headaches signal something serious, requiring immediate attention. In addition, older adults tend to take more medications in general, so medications for chronic headache pain must be chosen carefully. A number of headache drugs may conflict with drugs taken for other conditions, such as high blood pressure or diabetes. As a result, the approach to headache pain in older adults is a little different from the usual care.

Common headache types

The most common headache types are tension, migraine and cluster headaches. Most often, the headaches represent a continuation of an existing condition. However, in some cases, primary headaches — headaches with no underlying cause — can occur for the first time after age 50. ♦

Tension



Migraine



Cluster



The most common types of headaches cause different types of pain. The pain of a tension headache is usually a dull, squeezing pain that may involve the forehead, scalp, temples or back of the neck. A migraine commonly occurs on only one side of the head. Cluster headaches usually occur on one side of the head or as a stabbing sensation in an eye.

In older adults, new headaches raise suspicion that a headache may be a symptom of something else. For example, conditions that reduce oxygen to the brain, such as sleep apnea or chronic obstructive pulmonary disease, can lead to a headache. Eye problems, such as glaucoma, also can cause headaches, typically around or behind an eye.

Depending on your medical history and physical exam, your doctor may recommend imaging tests — such as an MRI or CT scan — to check for any abnormalities in your brain, such as swelling, bleeding or unusual masses.

Treatment in older adults

If you have an occasional migraine or tension headache, taking nonprescription pain relievers at the first sign of head pain is generally the best way

to dull or stop the headache. But if headaches are more frequent or more difficult to treat, certain medications used in the past to manage them may need to be limited or replaced with alternatives because of potential complications related to your age, your overall health, or both.

Nonprescription drugs such as aspirin, ibuprofen (Advil, Motrin IB) and naproxen sodium (Aleve) can be more toxic in older adults who are more likely to experience nausea, stomach pain, stomach bleeding or even ulcers. Medication overuse can also lead to more headaches (rebound headaches), creating a vicious cycle. Cutting back on medications can help decrease the frequency and severity of rebound headaches in the long run.

Prescription medications designed to ease the pain of migraine or other chronic headaches may lead to other complications. Some of these medications work by constricting blood vessels. But reducing blood flow to the head and heart can be dangerous if you have a medical condition that may already be narrowing the blood vessels. As a result, these drugs usually aren't recommended for older adults who are often at a higher risk of high blood pressure, stroke and coronary artery disease. Corticosteroids can have serious side effects and generally are avoided.

Still, these restrictions don't mean that nothing can be done. Lower doses of pain-relieving drugs can be combined with complementary nondrug therapies to help lessen the severity of headaches when they occur.

Nondrug relief

Several nondrug therapies may help manage headache pain. Evidence suggests these therapies may reduce the frequency and severity of headaches, as well as your dependency on drug therapies. They can be used in combination with each other or with a drug treatment. It's generally best to see a trained therapist, who can help you get started with the methods and tech-

niques that best suit you. Ask your doctor for a referral. Therapies with some evidence of effectiveness include:

■ **Biofeedback** — During a biofeedback session, a therapist places electrical sensors on your body. These sensors monitor your body's response to stress — such as muscle tension in your neck and shoulders during a headache — and feed the information back to you through sound and visual cues. You then learn how to counter these pain associations with positive physical changes, such as relaxing your muscles. A different version of biofeedback called hand-warming biofeedback helps calm the nervous system and may be used for migraines.

■ **Relaxation therapies** — Performed regularly, relaxation techniques can reduce the likelihood that stress will trigger a headache. You use progressive muscle relaxation to sequentially tense

Headache red flags

The following features signal the need to see a doctor right away:

- New headache pain after age 50
- Sudden onset or thunderclap headache lasting less than a minute
- New, first or worst ever headache
- Change in pattern from previous headaches
- Headache associated with fever, chills or unintentional weight loss
- Seizures, confusion or dizziness
- Worsening headache or headache not responding to treatment
- Headache associated with standing or changing positions
- Headache associated with unusual or persistent aura
- Headache after a recent head or neck trauma
- Headache with a history of cancer or HIV infection

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and then relax different muscle groups, starting at your toes, for example, and progressing up to your head and neck. Guided imagery, where you use your thought processes to conjure up healing images, is geared toward relaxing the body by relaxing the mind.

- **Cognitive behavioral therapy (CBT)** — This involves talking with a trained counselor or psychologist to help you identify headache triggers — such as stress or sleep problems — and develop effective coping strategies. CBT can be particularly useful if your headaches are associated with problems at work, at home or in relationships.
- **Acupuncture** — An acupuncturist inserts very thin needles at strategic

points along your body. It's common to have up to 12 sessions over a three-month period.

- **Self-care** — Taking good care of yourself — eating well and on schedule, exercising regularly and getting enough sleep — can go quite a ways toward preventing headache pain.
- **Supplements** — Some studies suggest that plant supplements such as feverfew and butterbur may help with the prevention and treatment of migraines. Coenzyme Q10 is a substance the body produces naturally. In supplement form, it may help with migraine prevention and treatment. As with any supplement, talk with your doctor before trying one out. ☐

Headaches and age

This chart shows how headache characteristics may change with age.

Headache type	Features	Changes with age
Tension	<ul style="list-style-type: none"> ✓ Dull, squeezing pain that builds up slowly ✓ Often triggered by stress 	<ul style="list-style-type: none"> ✓ Prevalence decreases somewhat but still most common type
Migraine	<ul style="list-style-type: none"> ✓ Severe pain, typically accompanied by nausea, sensitivity to light, sounds and smells ✓ Sometimes preceded by visual or sensory disturbances (aura) 	<ul style="list-style-type: none"> ✓ Pain often becomes milder along with decreased sensitivity to light, sounds and smells ✓ Sometimes occurs as aura with no headache
Cluster	<ul style="list-style-type: none"> ✓ Attacks cluster together during periods lasting from six to 12 weeks followed by periods with no headaches 	<ul style="list-style-type: none"> ✓ Uncommon among older adults but may continue or develop later in life
Hypnic	<ul style="list-style-type: none"> ✓ Occurs mostly at night ✓ Pain lasts from 15 minutes to two hours 	<ul style="list-style-type: none"> ✓ Rare but occurs almost exclusively among older adults ✓ Other causes need to be ruled out
Secondary	<ul style="list-style-type: none"> ✓ Caused by an underlying problem 	<ul style="list-style-type: none"> ✓ More common with age ✓ Sometimes an emergency, such as a stroke or brain infection