NATIONAL HEADACHE FOUNDATION

The Complete Headache Chart

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Hangover Headaches	Migraine-like symptoms of throbbing pain and nausea not localized to one side.	Alcohol, which causes dilation and irritation of the blood vessels of the brain and surrounding tissue.	Liquids (including broth). Consumption of fructose (honey, tomato juice are good sources) to help burn alcohol.	Drink alcohol only in moderation.
Caffeine-Withdrawal Headaches	Throbbing headache caused by rebound dilation of the blood vessels, occurring multiple days after consumption of large quantities of caffeine.	Caffeine.	In extreme cases, treat by terminating caffeine consumption.	Avoiding excess use of caffeine.
Exertion Headaches	Generalized head pain of short duration (minutes to 1 hour) during or following physical exertion (running, jumping, or sexual intercourse), or passive exertion (sneezing, coughing, moving one's bowels, etc.).	10% caused by organic diseases (aneurysms, tumors, or bloodvessel malformation). 90% are related to migraine or cluster headaches.	Cause must be accurately determined. Most commonly treated with aspirin, indomethacin, or propranolol. Extensive testing is necessary to determine the headache cause. Surgery to correct organic disease is occasionally indicated.	Alternative forms of exercise. Avoid jarring exercises.
Post-Traumatic Headaches	Localized or generalized pain, can mimic migraine or tension-type headache symptoms. Headaches usually occur on daily basis and are frequently resistant to treatment.	Pain can occur after relatively minor traumas. Cause of pain is often difficult to diagnose.	Possible treatment by use of antiinflammatory drugs, propranolol, or biofeedback.	Standard precautions against trauma.
Hunger Headaches	Pain strikes just before mealtime. Caused by muscle tension, low blood sugar, and rebound dilation of the blood vessels, oversleeping or missing a meal.	Strenuous dieting or skipping meals.	Regular, nourishing meals containing adequate protein and complex carbohydrates.	Same as treatment.
Temporomandibular Joint (TMJ) Headaches	A muscle-contraction type of pain, sometimes accompanied by a painful "clicking" sound on opening the jaw. Infrequent cause of headache.	Caused by malocclusion (poor bite), stress, and jaw clenching.	Relaxation, biofeedback, use of bite plate. In extreme cases, correction of malocclusion.	Same as treatment.
Tic Douloureux Headaches	Short, jab like pain in trigger areas found in the face around the mouth or jaw. Frequency and longevity of pain varies. Relatively rare disease of the neural impulses; more common in women after age 55.	Cause unknown. Pain from chewing, cold air, touching face. If under age 55, may result from neurological disease, such as MS.	Anticonvulsants and muscle relaxants. Neurosurgery.	None.
Fever Headaches	Generalized head pain that develops with fever. Caused by swelling of the blood vessels of the head.	Caused by infection.	Aspirin, acetaminophen, NSAIDs, antibiotics.	None.

Arthritis Headaches	Pain at the back of head or neck. Intensifies on movement. Caused by inflammation of the blood vessels of the head or bony changes in the structures of the neck.	Cause of pain is unknown.	Anti-inflammatory drugs, muscle relaxants.	None.
Eyestrain Headaches	Usually frontal, bilateral pain, directly related to eyestrain. Rare cause of headache.	Muscle imbalance. Uncorrected vision, astigmatism.	Correction of vision.	Same as treatment.
Temporal Arteritis	A boring, burning, or jabbing pain caused by inflammation of the temporal arteries. Pain, often around ear, on chewing. Weight loss, eyesight problems. Rarely affects people under 50.	Cause is unknown. May be due to immune disorder.	Steroids after diagnosis. Confirmed by biopsy.	None.
Tumor Headache	Pain progressively worsens, projectile vomiting, possible visual disturbances speech or personality changes; problems with equilibrium, gait, or coordination; seizures. Extremely rare condition.	Cause of tumor is usually unknown.	If discovered early, treat with surgery or newer radiological methods.	None.
Tension-Type Headaches	Dull, non-throbbing pain, frequently bilateral, associated with tightness of scalp or neck. Degree of severity remains constant.	Emotional stress. Hidden depression.	Rest, aspirin, acetaminophen, ibuprofen, naproxen sodium, combinations of analgesics with caffeine, ice packs, muscle relaxants. Antidepressants if appropriate, biofeedback, psychotherapy. If necessary, temporary use of stronger prescription analgesics.	Avoidance of stress. Use of biofeedback, relaxation techniques or antidepressant medication.
Migraine without Aura	Severe, one-sided throbbing pain, often accompanied by nausea, vomiting, cold hands, sensitivity to sound and light.	Certain foods, the Pill or menopausal hormones, excessive hunger, changes in altitude, weather, lights, excessive smoking, and emotional stress. Hereditary component.	Ice packs; isometheptene mucate, combination products containing caffeine, ergotamine, DHE injectable and nasal spray, 5-HT agonists; analgesics or medications, which constrict the blood vessels. For prolonged attacks steroids may be helpful.	Biofeedback, betablockers (propranolol, timolol), anti-convulsant (divalproex sodium). Calcium blockers and NSAIDs may prevent or treat migraine headaches.
Migraine with Aura	Similar to migraine without aura, except warning symptoms develop. May include visual disturbances, numbness in arm or leg. Warning symptoms subside within one-half hour, followed by severe pain.	Same as migraine without aura.	At earliest onset of symptoms, treat using biofeedback, ergotamine, dihydroergotamine or a 5-HT agonist. Once pain has begun, treatment is identical to migraine without aura.	Prevent with same techniques as migraine without aura.

Cluster Headaches	Excruciating pain in vicinity of eye. Tearing of eye, nose congestion, flushing of face. Pain frequently develops during sleep and may last for several hours. Attacks occur every day for weeks/month, then disappear for up to a year. 80% of cluster patients are male, most ages 20-50.	Alcoholic beverages, excessive smoking.	Oxygen, ergotamine, sumatriptan or intranasal application of local anesthetic agent.	Use of steroids, ergotamine, calcium channel blockers and lithium.
Menstrual Headaches	Migraine-type pain that occurs shortly before, during, or immediately after menstruation or at mid-cycle (at time of ovulation).	Variances in estrogen levels.	Same treatment as migraine.	Small doses of vasoconstrictors and/or anti-inflammatory drugs before and during menstrual period may prevent headaches. Hysterectomy does not cure menstrual headaches.
Hypertension Headaches	Generalized or "hairband" type pain, most severe in the morning. Diminishes throughout day.	Severe hypertension: over 200 systolic and 110 diastolic.	Treat with appropriate blood pressure medication.	To prevent, keep blood pressure under control.
Aneurysm	Symptoms may mimic frequent migraine or cluster headaches, caused by balloon-like weakness or bulge in blood-vessel wall. May rupture (stroke) or allow blood to leak slowly resulting in a sudden, unbearable headache, double vision, rigid neck. Individual rapidly becomes unconscious.	Congenital tendency. Extreme hypertension.	If aneurysm is discovered early, treat with surgery.	To prevent, keep blood pressure under control.
Sinus Headaches	Gnawing pain over nasal area, often increasing in severity throughout day. Caused by acute infection, usually with fever, producing blockage of sinus ducts and preventing normal drainage. Sinus headaches are rare. Migraine and cluster headaches are often misdiagnosed as sinus in origin.	Infection, nasal polyps, anatomical deformities, such as a deviated septum, that block the sinus ducts.	Treat with antibiotics, decongestants, surgical drainage if necessary.	None.
Allergy Headaches	Generalized headache. Nasal congestion, watery eyes.	Seasonal allergens, such as pollen, molds. Allergies to food are not usually a factor.	Antihistamine medication; topical, nasal cortisone related sprays or desensitization injections.	None.

Source: http://www.headaches.org/press/NHF Press Kits/Press Kits - The Complete Headache Chart

What triggers a migraine?

Most experts agree that migraine pain is caused by swollen blood vessels around the brain and certain nerves in the brain. However, the exact cause of migraines is not known. What is known is that certain things can trigger a migraine in some people. You will find some common triggers listed below.

Food and drink triggers:

- Foods and drinks that contain additives, such as MSG (monosodium glutamate). Plus artificial sweeteners, such as aspartame, which are found in most sugar-free foods
- Chocolate
- Nitrates, which are found in cured meats such as hot dogs, pepperoni, and cold cuts
- Pickled or marinated foods
- Aged cheeses
- Alcohol
- Overuse of caffeine
- Fasting or skipping meals

Hormonal and environmental triggers:

- Sudden changes in hormones before or during your period
- Bright lights, glare, or reflected sunlight
- Weather changes, such as falling temperatures or changes in humidity
- Changes in air pressure, for example, when you are flying in a plane
- Odors such as perfume, paint, dust, and certain flowers
- Smoking or being around someone who smokes

Stress and sleep triggers:

- Being worn out from too much activity, lack of sleep, or even too much sleep
- Stress and worry during or after a stressful event
- Intense emotions such as depression

Other medication triggers:

- Birth control pills and hormone therapy
- Overuse of headache pain medications, which can lead to rebound headaches

http://www.relpax.com/migraine-triggers

Steps to take to reduce the impact of migraine at work

You can make a number of adjustments in your work environment to minimize the disruption a migraine can have on your productivity. Try the following:

- Keep acute care treatments available.
- Learn relaxation and stretching exercise routines that you can perform in your work area.
- Employ stress management and work simplification tasks.
- Identify and address work duties that seem to aggravate you headaches such as poor posture at the computer, or repetitive neck bending to hold a phone between your car and shoulder or to perform other tasks.
- Make simple alterations to your work area including putting a brick under your feet to improve your posture; changing the height of your chair, table, or computer; or using a telephone headset.
- Keep healthy snacks and a water bottle nearby to avoid the possible consequences of fasting.
- Play a relaxation tape during break time.
- Consult with an occupation therapist if you have significant issues that compromise your ability to work to your full potential.
- Discuss with your doctor possible triggers-stress, sleep deprivation, fasting, muscle tension, or certain foods-so that you can develop strategies to reduce their effect on you headache. Remember though: not everyone has identifiable triggers. In fact, few people can identify obvious triggers for every headache.

HEADACHE QUESTIONNAIRE 1

NAME: _____ DATE: _____

Where do you generally experience your headache(s)?

❍ Left side	❍ Right side	❍ Either side	❍ Orbital	❍ Hatband
❍ Frontal	❍ Face/Jaw	❍ Neck	❍ Generalized	❍ Moves around

What type of headache do you experience?

❍ Achy	❍ Lightning bolts	❍ Pulsating	❍ Throbbing	❍ Pounding	❍ Crushing
❍ Piercing	❍ Sharp	❍ Deep pain	❍ Squeezing	❍ Dull	❍ Pressure

When do your headaches generally occur?

❍ Morning ❍ Afternoon ❍ Evening ❍ Middle of the night ❍ Menstrual ❍ Constant

How severe are your headaches?

❍ Mild ❍ Moderate ❍ Severe

When did your headaches first start?

❍ Childhood ❍ Teens ❍ 20s ❍ 30s ❍ 40s ❍ 50s ❍ 60s+

How are your headaches relieved?

❍ Rest	❍ Quiet and darkness	❍ Cold compress	❍ Ice
❍ Heat	❍ Massage	❍ Pressure over area	❍ Medications

What worsens or triggers your headaches?

❍ Medications	❍ Coughing	❍ Sneezing	❍ Heat/Sun	❍ Missing meals
❍ Smoke	❍ Talking	❍ Alcohol	❍ Weather	❍ Exercise
❍ Sexual activity	❍ Under sleeping	❍ Bending	❍ Lying down	❍ Certain foods
❍ Cold	❍ Fatigue	❍ Menstruation	❍ Smells/Odors	❍ Stress

What are the associated symptoms?

❍ Light sensitivity	❍ Joint pain	❍ Sound sensitivity	❍ Visual changes	❍ Muscle spasm	❍ Nasal congestion
❍ Smell sensitivity	❍ Neck pain	❍ Difficulty speaking	❍ Red teary eye	❍ Queasiness	❍ Limits activity
❍ Dizziness, vertigo, lightheadedness			❍ Nausea and/or vomiting		
❍ Numbness or tingling of body part			❍ Weakness of body part		

Have you tried any of the following to treat your headaches?

❍ Biofeedback	❍ Acupuncture	❍ Physical therapy	❍ Therapeutic massage
❍ Chiropractic therapy	❍ Nerve stimulator	❍ Nerve blocks	

Have you had any previous head injury?

❍ Yes ❍ No

Have you had a recent eye exam within the past 3 months?

❍ Yes ❍ No

NAME: _____ DATE: _____

What is the number of headache days you experience, per month? *(Any headache pain counts)*

What is the number of headache free days you experience, per month? *(100 percent free of pain or discomfort)*

How many days a month do you experience nausea or queasiness with headache?

How many days a month do you experience sensitivity to light with headache?

How many days per month do you experience "dysfunction" due to a headache? *(Not being able to function at your peak)*

How many days a month do you use over the counter pain medications for headache attacks?

How many days a month do you use prescription pain medications for headache attacks?

Do you currently take a daily preventative prescription medication for headache management?

❍ Yes ❍ No

MIDAS QUESTIONNAIRE

NAME: _____ **DATE:** _____

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Write your answer in the box next to each question. Write zero if you did not have the activity in the last 3 months.

1.) On how many days in the last 3 months did you miss work or school because of your headaches?

2.) How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in the previous question where you missed work or school.)

3.) On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?

4.) How many days in the last 3 months was your productivity in household work reduced by half of more because of your headaches? (Do not include days you counted in the previous question where you did not do household work.)

5.) On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?

Menstrually Related Migraine

Background

Although only women suffer from "hormone headache," both men's and women's headaches are prompted by hormones.

You would not feel pain without them, because it is the hormones that induce the pain response. Actually, the headache may be protecting you or warning you of something more damaging in the same way that touching a hot stove alerts you to the heat and protects you from burning yourself.

The word hormone is derived from a Greek word that means to "set in motion." Hormones initiate and regulate many of your body's functions. For example, metabolic hormones regulate the way your body turns food into energy. Growth hormones control childhood development and maintain certain tissue structure in adults. Regulating hormones determine your femininity, masculinity and sexuality.

Hormones are manufactured and secreted by your endocrine glands, which include the pituitary, thyroid, parathyroid, thymus, adrenals, pancreas, gonads and other glandular tissues located in your intestines, kidneys, lungs, heart, and blood vessels. The endocrine system works with your nervous system to keep your body in balance within a constantly changing environment.

As they interact, your endocrine and nervous systems are responsible for the thousands of automatic responses that regulate your bodily functions. They decide, for example, whether you will respond to a potential headache trigger with an actual sensation of pain.

Menstrual Migraine

Women suffer migraines three times more frequently than men do; and, menstrual migraines affect 60 percent of these women. They occur before, during or immediately after the period, or during ovulation.

While it is not the only hormonal culprit, serotonin is the primary hormonal trigger in everyone's headache. Some researchers believe that migraine is an inherited disorder that somehow affects the way serotonin is metabolized in the body. But, for women, it is also the way the serotonin interacts with uniquely female hormones.

Menstrual migraines are primarily caused by estrogen, the female sex hormone that specifically regulates the menstrual cycle fluctuations throughout the cycle. When the levels of estrogen and progesterone change, women will be more vulnerable to headaches. Because oral contraceptives influence estrogen levels, women on birth control pills may experience more menstrual migraines.

Symptoms

The menstrual migraine's symptoms are similar to migraine without aura. It begins as a one-sided, throbbing headache accompanied by nausea, vomiting, or sensitivity to bright lights and sounds. An aura may precede the menstrual migraine.

Menstrual Syndrome (PMS) Headaches

The PMS headache occurs before your period and is associated with a variety of symptoms that distinguish it from the typical menstrual headache. The symptoms include headache pain accompanied by fatigue, acne, joint pain, decreased urination, constipation and lack of coordination. You may also experience an increase in appetite and a craving for chocolate, salt, or alcohol.

Treatment - Menstrually Related Migraine

As you review these, remember that all medications have side effects, and you should discuss them with your doctor.

In general, MRM can be effectively managed with strategies similar to those used for non-MRM. Behavioral management is an important concept in menstrual as well as nonmenstrual migraine. Menstruation is one of many factors that puts women at risk for migraine. Hormonal changes are just one of many potential trigger factors.

Most sufferers of menstrually related migraine are treated with acute medications. When attacks are very frequent, severe, or disabling, preventive treatment may be required.

Acute Treatment

Medications that have been proven effective or that are commonly used for the acute treatment of MRM include nonsteroidal anti-inflammatory drugs (NSAIDs), dihydroergotamine (DHE), the triptans, and the combination of aspirin, acetaminophen, and caffeine (AAC). If severe attacks cannot be controlled with these medications, consider treatment with analgesics, corticosteroids, or dihydroergotamine.

Preventive Treatment

Women with very frequent and severe attacks are candidates for preventive therapy. For sufferers taking preventive medications who experience migraine attacks that break through the preventive therapy perimenstrually, the dose can be raised prior to menstruation. For sufferers not taking preventive medication, or for those with true menstrual migraine, short-term prophylaxis taken perimenstrually can be effective. Agents that have been used effectively perimenstrually for short-term prophylaxis include: naproxen sodium (or another NSAID) 550 mg twice a day; a triptan, such as frovatriptan 2.5 mg twice on the first day and then 2.5 mg

daily/ naratriptan 1 mg twice a day/ sumatriptan 25 mg twice a day/ or, methylergonovine 0.2 mg twice a day; DHE either via nasal spray or injection 1 mg twice a day; and magnesium, equivalent to 500 mg twice a day.

The triptans, ergotamine, and DHE can be used at the time of menses without significant risk of developing dependence. As with the NSAIDs, these drugs will also be more effective as preventive medications if started 24 to 48 hours before the onset of the expected MRM.

Fluoxetine, especially if the headache is associated with other premenstrual dysphoric disorder (PMDD) symptoms, can be an effective headache preventive between ovulation and menses.

Hormonal Therapy

If standard preventive measures are unsuccessful, hormonal therapy may be indicated. This may involve the use of a supplemental estrogen taken perimenstrually either by mouth or in a transdermal patch. Estradiol (0.5 mg tablet twice a day, or 1 mg patch) is the preferred form of estrogen because it does not convert to the other active forms of estrogen.

For women using traditional estrogen/progesterone oral contraceptives for 21 days per month, the supplemental estrogen may be started on the last day of the pill pack. Another approach for women who take an estrogen/progesterone oral contraceptive is to take it daily - that is, without the monthly break - for 3 to 6 months. This has become accepted as a standard practice, and in Europe this approach has been used for up to a year with safety. The reduction in menstrual periods provides a method of preventive treatment.

http://www.headaches.org/education/Headache_Topic_Sheets/Menstrual_Migraine

HEADACHE CALENDAR

<u>List the following items:</u>

1. Time the headache starts.
2. How long it lasts.
3. What kind it is.

NAME: ______________________

Month ________ Year ________ TO Month ________ Year ________

SUNDAY ______	MONDAY ______	TUESDAY ______	WEDNESDAY ______	THURSDAY ______	FRIDAY ______	SATURDAY ______
SUNDAY ______	MONDAY ______	TUESDAY ______	WEDNESDAY ______	THURSDAY ______	FRIDAY ______	SATURDAY ______
SUNDAY ______	MONDAY ______	TUESDAY ______	WEDNESDAY ______	THURSDAY ______	FRIDAY ______	SATURDAY ______
SUNDAY ______	MONDAY ______	TUESDAY ______	WEDNESDAY ______	THURSDAY ______	FRIDAY ______	SATURDAY ______
SUNDAY ______	MONDAY ______	TUESDAY ______	WEDNESDAY ______	THURSDAY ______	FRIDAY ______	SATURDAY ______