

Headache

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What is it?

Headache is described as an aching pain and pressure in your head. It has been called the most common medical complaint of civilized man.

There are two main types of headache. By far the most common are *tension-type* which have also been called "common", "muscle contraction", or "stress" headaches. Episodic tension-type headache occurs less than 15 times a month, and chronic tension-type headache occurs more than 15 times a month for at least six months. The other main type of headache is *migraine*, which is further divided into classic and common migraine. It is also possible to have mixed tension-type and migraine headache. *Cluster* headaches are very severe, but rare. Other less common types of headache are sinus, drug induced, post-traumatic and a variety of rare disorders.

What causes it?

Classically, tension-type headache was thought to be caused by muscle contraction that lead to inflammation and pain, although electrical studies have not been able to prove this theory.

Despite years of scientific studies, the exact cause of migraine is unknown. Researchers now think that migraine begins with electrical and chemical disturbances in the brain. We do know that certain factors can trigger or aggravate a migraine. The most common are menstruation, stress, meal skipping, excessive sleep, changes in weather, and many foods.

Who gets it?

It is estimated that 93% of men and 99% of women experience some type of headache during their lifetimes. During any year, 63% of men and 86% of women experience at least one tension-type headache. Similarly, women more often experience migraine with 18% of women and 6% of men having migraine, usually starting during adolescence or the 20's. Cluster headaches occur almost exclusively in men age 20-40 who smoke, but less than 1% of adults ever experiencing such headache.

What are the symptoms?

Tension-type headaches usually begin gradually during the later part of the day causing a constant, dull, band-like ache on both sides of the head lasting 30 min. to 7 days. Some people also have a tight feeling in the head or neck muscles. The pain can be mild to severe.

Classic migraine starts with a set of warning signs called the *aura* which lasts about 15 to 30 minutes. It may consist of flashing lights and colors, zigzags of light or temporary loss of vision, such as side vision, in one or both eyes. Other symptoms can include a strange prickly or burning sensation or muscle weakness on one side of the body.

Moderate to severe pounding or throbbing head pain on one or occasionally both sides lasting 4-72 hours usually follows the aura. Sometimes they overlap or rarely the headache never occurs. Weakness, nausea and vomiting, plus light, sound, and smell sensitivity are common.

The most usual type of migraine is termed *common migraine*. They do not start with an aura. They usually start more slowly than classic migraines, last longer and interfere more with daily activities.

Cluster headache is said to be one of the most painful conditions known to man. The unique feature is several attacks at the same time on consecutive days. Cluster headaches are on one side of the head, around the area of the eye or temple, and usually have tearing of the same eye, nasal congestion and a drooping eyelid along with the headache. They last 30 minutes to 3 hours and come 1-6 times a day during a "cluster".

How do you prevent it?

Prevention of headache is primarily with good general health habits. Regular exercise, regular eating, regular sleep, and stress reduction can be very helpful.

Migraine can often be prevented by simply avoiding those foods which are known to be triggers. The most common foods which trigger migraine contain tyramine (a simple protein), phenylalanine (Nutrasweet), phenylethylamine (primarily found in chocolate), sodium nitrate and nitrite (meat preservatives) or monosodium glutamate (MSG, a flavor enhancer used like salt).

Foods that may trigger migraines

- Aged, canned, or processed meats
- Alcohol, especially red wine, rum or scotch
- Avocados, figs and raisins
- Beans, including navy, pinto, pole and lima
- Caffeine in excess
- Canned soup or bouillon cubes
- Cheese, especially cheddar
- Chocolate and cocoa
- Cultured dairy products - sour cream, yogurt
- Nuts and peanut butter
- Pickled, preserved or marinated foods
- Seasoned salt or soy sauce

Can it be treated?

Treatment of headache often uses several different approaches and can include biofeedback, exercise, massage, meditation, visualization or yoga in addition to traditional medical therapy using medication.

- **Tension-type headaches** are best treated when they first begin. There are many things you can do before taking medication which may relieve symptoms: lie in a dark quiet room, put a warm pack on the back of your neck or a cool cloth on your forehead, take a hot shower or bath and relax tight muscles.

If medicine is necessary, you likely will take it only when you have a headache (*episodic* treatment). This helps **relieve** headache pain after it has already started.

1. Over-the-counter *analgesics* (pain relievers) like ibuprofen, naproxen, aspirin, or acetaminophen are often effective. Caffeine containing compounds (Excedrin, Midol, and Vanquish) can increase the effect of acetaminophen or aspirin by 40%. However, if used on a regular basis they can lead to withdrawal headache making the problem worse. Therefore these should be taken only occasionally (2 days or less per week).

2. Prescription anti-inflammatory medication has a low potential for dependence and has been accepted as safe and generally effective for those headaches that don't respond to nonprescription medicine.

3. Analgesic-sedatives are more effective in some patients than the antiinflammatories, but have the increased potential for dependence. They are to be used infrequently only if the above measures don't help.

- **Migraine headaches** can also be treated using the same types of self-care and medication used for tension-type headache. In addition, there are some specific agents useful for migraine only.

1. Triptans (Imitrex, Maxalt, Amerge, Frova, others) block *serotonin* receptors and can abort an attack no matter when they are taken during a migraine. They can be injected, swallowed, dissolved on the tongue or administered as a nasal spray. They are very expensive and can cause tingling and dizziness.

2. Ergot derivatives (Ergostat) often in combination with caffeine (Cafergot, Wigraine) constrict blood vessels. They must be started as soon as a migraine is detected, but can not be used more frequently than every four days due to tolerance and dependence. Dihydroergotamine can be injected (DHE 45) or administered as a nasal spray (Migranal). It is highly effective, causes few side effects, does not cause dependence or rebound and has a low recurrence rate.

3. Antiemetics are used for nausea, but can be very effective in relieving migraine and the associated nausea. They are less expensive, but sedating.

Some people, especially with chronic headache, will need to take *prophylactic* medicine every day, even when feeling well, to **prevent** headaches. Beneficial effects may take four to six weeks.

1. Beta blockers are effective inexpensive option for reducing the frequency of recurrent headaches. Possible side effects are fatigue and lightheadedness.

2. Antiepileptics used for seizures are as effective as beta blockers in at least 50% of people and often better tolerated but can cause nausea, fatigue, weight gain and tremor.

3. Antidepressants can be very useful especially if there is also depressed mood or anxiety.

4. Angiotensin agents like lisinopril and candesartan can reduce migraine frequency by 35% but may cause lightheadedness.

5. The dietary supplement butterbur 150mg daily reduced migraine up to 60% but has been associated with liver toxicity. Melatonin, riboflavin, magnesium, coenzyme Q10, and feverfew also have been effective in preventing migraine in small studies.

Are there complications?

Despite the pain, headaches are rarely linked with a serious health problem. Even though they are not curable, most are treatable and may be preventable.

The warning signs of a potentially more serious problem include onset of first headache after 50, headache that begins with exertion or cough, increasing headache after trauma, frequent intense headache (especially at night or in the morning), or headache associated with fever, slurred speech, visual changes, seizures, or numbness or weakness in the arms or legs. If you have any of these, call your doctor immediately.

In summary

- Preventing headache with good general health habits and avoiding triggers is often effective.
- For more information, contact the National Headache Foundation at (800) 843-2256 or www.headaches.org or American Council for Headache Education at www.achenet.org