

Headache

Basic facts about headache

Twenty million Americans see their doctors each year because of a headache. Although headaches can be very uncomfortable and temporarily disabling, most are not associated with serious illness. They can often be relieved by resting in a quiet room or by taking a nonprescription painkiller such as ibuprofen or acetaminophen.

When a person has a headache, several areas of the head can hurt, including a network of nerves that extends over the scalp and certain nerves in the face, mouth and throat.

Headache is rarely a symptom of a dangerous condition such as a cerebral aneurysm, brain tumor, stroke, TIA, meningitis, or encephalitis. Very high blood pressure can cause headaches and this situation is a medical emergency. However, high blood pressure usually causes no symptoms at all, despite the damage that years of high blood pressure can do to blood vessels, heart, brain, and kidneys. If you have any doubt about your headache, contact your physician.

Headache basics

The most common type of headache is a "tension headache." Tension headaches generally develop gradually, and often involve the entire head as well as the neck and shoulders. They probably are not actually caused by increased muscle tension, although muscle relaxation techniques can be very useful in treatment. Most people occasionally get tension headaches and they can usually be treated simply. Some people get them often, but there are some useful interventions to help decrease the number of sick days.

Migraine headaches are "bad headaches." With a classic migraine, the headache is preceded by a feeling that a headache will develop (prodrome) followed by visual phenomena such as dark or bright spots, streaks of light, or tunnel vision (aura). The headache then develops, usually on one side. It is throbbing in nature, accompanied by nausea and increased sensitivity to light and noise.

Most people with migraine headaches do not experience prodrome or aura. A common migraine headache like a classic migraine headache is treatable and often preventable.

Migraineurs, those who develop migraine headaches, often have a family history of migraine headache and they have headache triggers suggesting that genetic factors contribute to a person's susceptibility to migraines. In contrast, hereditary factors do not seem to play any role in the tension or cluster headaches. Smoking and alcohol use contribute to the onset of cluster headaches.

People who get headaches when they don't have enough of their daily caffeine are migraineurs. Migraineurs would have fewer migraines if they completely eliminated coffee. Chocolate, red wines, nuts and cheeses are common food triggers. Migraines before or during menstrual periods are common. Not all migraineurs get terrible headaches, but some do. Migraines are a leading cause of lost days of school, work and enjoyment.

Women who smoke and who experience migraine headaches with aura have more than twice the risk of stroke if they take estrogen-containing birth control pills than those who use nonestrogen-based contraception. Some research suggests changing to a nonestrogen or very low-estrogen contraceptive not only can reduce the risk of stroke, but also may decrease the number of headaches.

Cluster headaches are headaches lasting minutes to hours and occur day after day at a similar time over a period of weeks. They are sharp and typically have a sudden onset (explosive in quality). People with cluster headaches often describe the pain as similar to an ice pick. They are typically one-sided and usually begin around the eyes or temple area.

Sinus headaches are those frontal headaches that some people experience with sinus infection and with changes in the weather. Allergies can also provoke them.

Treatment

To avoid headaches, employ good health habits. These include adequate sleep, healthy diet, regular exercise and good stress management. Quitting smoking is essential in reducing the risks for all headaches.

Relaxation and related stress reduction therapies can diminish the frequency and intensity of headaches. Alternative therapies used for headache management include hypnosis, biofeedback, meditation, visualization and guided imagery, acupuncture, accupressure, yoga and other physical relaxation exercises.

Any over-the-counter pain medications like aspirin, ibuprofen, naproxen sodium or acetaminophen can be very useful. No one medication has ever been proven to be more effective than the other, though there is great variability in effectiveness from person to person.

There is no difference in composition or effectiveness between migraine-formula over-the-counter preparations and their non-migraine brand names, other than the higher cost of the migraine-formula brands. Narcotics such as codeine and Demerol™ are generally not useful for treating headache and are seldom prescribed.

There have been dramatic improvements in very selective medications that can be taken to stop migraine headaches. These are available by prescription only and are generally not effective for nonmigraine headaches.

Virtually any of the headache medications, prescription or over-the-counter, can actually cause headaches if taken on a daily basis. Too much acetaminophen can damage the liver and too much aspirin, ibuprofen, or naproxen sodium can damage kidneys and cause ulcers.

People with daily or frequent headaches should know that there are often very effective methods of headache prevention. Primary prevention is always valuable. Migraineurs can try to avoid triggers. For anyone with frequent headaches, stress management and improvement of overall fitness through diet and exercise are important. Tobacco cessation can be extremely effective in decreasing headache frequency, even though headaches may at first intensify.

There are many different groups of medications that are also used to decrease headache frequency. Tricyclics, beta-blockers, calcium channel blockers and neuroleptics are classes of medications that contain useful preventive drugs. All are available by prescription only.

Headache as a warning sign

See a health care professional on an urgent basis if any of the following occur:

- Severe, sudden headaches that seem to come on like “a bolt out of the blue.”
- Headaches that are accompanied by a loss of consciousness, alertness or sensation, confusion, a seizure or other neurological and/or personality changes.
- Headaches that recur in one particular area such as an eye, temple, etc.
- Headaches that recur and are of high intensity or frequency.
- Headaches that are accompanied by neck stiffness and fever.
- Headaches that are associated with head injury even if the injury was one week ago.
- There is a change in the nature or frequency of headaches.
- The worst headache in one’s life.
- Temporary change in vision or visual acuity may simply be a sign of migraine headache, but deserves special attention if new.

Summary

The vast majority of headaches are not medically serious. Most can be controlled by the use of simple medications - and in the case of tension headaches, by altering habits or lifestyles. If you have any questions or concerns or need to make an appointment please call Dial-A-Nurse at 333-2700.

Organization

American Council for Headache Education

19 Mantua Road, Mt. Royal, NJ 08061

“Headache” newsletter at: www.achenet.org

Telephone: (856) 423-0258 1-800-255-2243

Fax: 856-423-0082

References

Bajwa, Z.H., Wootton, R.J. (2006). Patient information: Managing headaches.

UpToDate at: www.utdol.com

Bajwa, Z.H. Wootton, R.J. (2006). Patient information: Causes and diagnosis of headaches.

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Martin, K.A., Douglas, P.A. (2006). Risks and side effects associated with estrogen-progestin contraceptives.

UpToDate at: www.utdol.com

Headache Triggers - refer to this guide when completing the Headache Calendar located on the following page of this document.

Hormones	Diet	Changes	Sensory Stimuli	Stress
1. Menses (period)	5. Alcohol	15. Weather	23. Strong lights	26. Let-down periods (vacations, weekends, after a major event)
2. Ovulation	6. Chocolate	16. Seasons	24. Flickering lights	27. Times of intense activity
3. Hormone replacement therapy	7. Aged cheeses	17. Travel (crossing a time zone)	25. Odors	28. Loss (death, separation, divorce)
4. Oral contraceptives	8. Monosodium glutamate (MSG)	18. Altitude		29. Relationship difficulties
	9. Artificial sweeteners	19. Schedule changes		30. Job stress, loss, or change
	10. Caffeine	20. Sleeping patterns (erratic or changes in normal patterns)		31. Crisis
	11. Nuts	21. Diet		32. Other
	12. Nitrates and nitrites (found in hot dogs, bologna, and other processed meats)	22. Skipping meals		
	13. Citrus fruits			
	14. Other			

See Headache Calendar attachment on the following page of this document.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.uiuc.edu>