NEUROLOGY GROUP of BERGEN COUNTY

Headaches

A headache is a pain in any region of the head. Headaches may occur on one or both sides of the head, be isolated to a certain location, radiate across the head from one point, or have a viselike quality. A headache may appear as a sharp pain, a throbbing sensation or a dull ache. Headaches can develop gradually or suddenly, and may last from less than an hour to several days or longer.

Headaches can be quite debilitating, although most headaches are not caused by life-threatening disorders. Most headaches are caused by one of four syndromes:

- Tension-type headache
- Migraine headache
- Chronic daily headache
- Cluster headache

TENSION TYPE HEADACHE

The symptoms of tension type headaches (TTH) include:

- Pressure or tightness around both sides of the head or neck
- Mild to moderate pain that is steady and does not throb
- Pain is not worsened by activity
- Pain can increase or decrease in severity over the course of the headache
- There may be tenderness in the muscles of the head, neck, or shoulders

People with TTH often feel stress or tension before their headache. Unlike migraine, tension headaches occur without other symptoms such as nausea, vomiting, sensitivity to lights and sounds, or an aura. However, some people have symptoms of both tension and migraine headaches.

MIGRAINE HEADACHES

A migraine can cause severe throbbing pain or a pulsing sensation, usually on just one side of the head, and often accompanied by nausea, vomiting, and extreme sensitivity to light and sound. Migraine episodes typically last for a few hours, but may last for as long as three days and can sometimes be disabling. Some people have an warning symptoms known as and aura before or with the headache. This may consist of flashes of light, blind spots, or tingling on one side of the face, arm or leg.

Medications can help prevent some migraines and make them less painful. Talk to your physician about different migraine treatment options. The right medicines, combined with self help remedies and lifestyle changes, may help. If you regularly experience signs and symptoms of migraine attacks, keep a record of your attacks and how you treated them. Then make an appointment with your physician to discuss your headaches.

CLUSTER HEADACHES

Cluster headaches are severe, debilitating headaches that occur repeatedly for weeks to months at a time, followed by periods with no headache. Cluster headaches are relatively uncommon, affecting less than one percent of people. Men are affected more commonly than women, with a peak age of onset of 25 to 50 years. Cluster headaches are a specific syndrome, not just a "cluster of headaches." Cluster headaches can begin at any age. People with cluster headaches are more likely to have family members who also have cluster headaches. Drinking alcohol can bring on a cluster headache.

Symptoms of cluster headaches include:

- Rapid onset without any warning, peaking within a few minutes
- Deep, excruciating, continuous, and explosive headache, although occasionally it may be pulsatile and throbbing
- Attacks may occur up to eight times per day but are usually short in duration (between 15 minutes and three hours_
- Pain typically begins in or around the eye or temple, less commonly starting in the face, neck, ear, or side of the head
- Pain is always on one side of the head
- During a cluster attack, people are generally restless and may pace or rock back and forth
- Headaches are associated with eye redness and tearing on the side of the pain, a stuffy and runny nose, sweating, and pale skin

CHRONIC DAILY HEADACHES

Chronic daily headache is not a type of headache but a category that includes frequent headaches of various kinds. Most people with chronic daily headache have migraine or tension-type headache as the underlying type of headache. They often start out having an occasional migraine or tension-type headache, but the headaches became more frequent over months or years. Some people with frequent headache use headache medications too often, which can lead to "medication-overuse headaches."

MEDICATION-OVERUSE HEADACHES

Medication-overuse headache (MOH) may occur in people who have frequent migraine, cluster, or tension-type headaches, which leads them to overuse pain medications. A vicious cycle occurs whereby frequent headaches cause the person to take medication frequently (often non prescription medication), which then causes a rebound headache as the medication wears off, causing more medication use, and so on.

Overuse of any number of pain medications can increase the risk of developing medication overuse headaches. To avoid medication-overuse headaches, we recommend the following:

- If possible, avoid butalbital combinations (Fiorinal®, Fioricet®, Esgic®) and narcotics completely.
- Do not use triptans (Imitrex® and others) or aspirin/acetaminophen/caffeine combinations (Excedrin®) more than nine days per month.
- Do not use NSAIDS (eg, ibuprofen, Advil, Motrin, aspirin) more than 15 days per month.
- Do not take acetaminophen (eg, Tylenol®) more than two times per week.

If you have frequent headaches, you may need a preventive medication to reduce the frequency and severity of the headaches, so that pain medications do not need to be taken so often.

OTHER TYPES OF HEADACHE

There are a number of other causes of headache.

Sinus headache — Recurrent headaches related to sinus infections are uncommon. Many, if not most, people diagnosed with sinus headaches actually have migraine headaches. Sinus-related pain usually lasts for several days (unlike a typical migraine) and does not cause nausea, vomiting, or sensitivity to noise or light (as seen in migraine).

Post-traumatic headaches — Headaches that occur within one to two days after a head injury are relatively common. Most people report a generalized dull, aching, constant discomfort that worsens intermittently. Other common symptoms include vertigo (sensation of spinning), lightheadedness, difficulty concentrating, problems with memory, fatigue, and irritability. Post traumatic headaches may continue for up to a few months, although anyone with a headache that does not begin to improve within a week or two after a traumatic event should be evaluated.

HEADACHE DIAGNOSIS

Clinicians typically use a person's description of their headache, in combination with an examination, to determine the type of headache a person has. Some people have more than one type of headache.

Most people do not need x-rays or imaging tests. A CT scan or MRI may be recommended in some circumstances, for example, if symptoms are unusual, if there are any danger signs (see "Headache Danger Signs" below), or if there are any abnormalities seen during the examination.

Other possible reasons for brain imaging include:

- Headaches that steadily worsen despite treatment
- A sudden change in the pattern of headaches
- Signs or symptoms that suggest that another medical condition may be causing symptoms

HEADACHE DANGER SIGNS

The vast majority of headaches are not life threatening. You should seek medical attention immediately if your headache:

- Comes on suddenly, becomes severe within a few seconds or minutes, or that could be described as "the worst headache of your life"
- Is severe and occurs with a fever or stiff neck
- Occurs with a seizure, personality changes, confusion, or passing out
- Begins quickly after strenuous exercise or minor injury
- Is new and occurs with weakness, numbness, or difficulty seeing. While migraine headaches can sometimes cause these symptoms, you should be evaluated urgently the first time these symptoms appear.

If you have persistent or frequent headaches, headaches that interfere with normal activities, or your headaches become more painful, you should see a healthcare provider during normal office hours.

Headaches and brain tumor — Headaches occur in approximately 50 percent of people who have brain tumors. However, headaches are very common and brain tumors are rarely found in people who are evaluated for headaches. Many people with brain tumors have chronic headaches that are worse with bending over or occur with nausea and vomiting, although these symptoms can also occur with headaches not related to a brain tumor.

See your doctor immediately or go to the emergency room if you have any of the following signs and symptoms, which may indicate a more serious medical problem:

- An abrupt, severe headache like a thunderclap
- Headache with fever, stiff neck, mental confusion, seizures, double vision, weakness, numbness or trouble speaking
- Headache after a head injury, especially if the headache gets worse
- A chronic headache that is worse after coughing, exertion, straining or a sudden movement
- New headache pain if you are over 50 years old