

Headache

Basic facts about headache

Twenty million Americans see their health care providers 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 health care provider.

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.

Migraineurs may have fewer migraines if they completely eliminate coffee. Caffeine withdrawal is a strong migraine trigger. 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, acupressure, 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. Exceeding the daily recommended amount of 3000mg of acetaminophen can damage the liver and too much aspirin, ibuprofen, or naproxen can damage kidneys and cause stomach 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

Call 911 or report to an emergency room if you experience the following:

- Severe, sudden headaches that seem to come on like "a bolt out of the blue."
- Headache that is accompanied by a loss of consciousness, decreased alertness or sensation, seizure or other neurological and/or personality changes.
- Headaches that are accompanied by neck stiffness and fever.
- Headaches that are associated with head injury, even if the injury was several days ago.
- A headache that is "the worst headache I've ever had."

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

- Headaches that recur in one particular area such as an eye, temple, etc.
- Headaches that recur and are of high intensity or frequency.
- There is a change in the nature or frequency of headaches.
- 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 the Wellness Center at 313-993-1185.

Headache Triggers - If you are experiencing frequent headaches print and use the Headache Calendar. Bring the calendar with you when you see your health care provider to give them a better understanding of your symptoms. Triggers may include:

Hormones

1. Menses (period)
2. Ovulation
3. Hormone replacement therapy
4. Oral contraceptives

Diet

5. Alcohol
6. Chocolate
7. Aged cheeses
8. Monosodium glutamate (MSG)
9. Artificial sweeteners
10. Caffeine

11. Nuts
12. Nitrates and nitrites (found in hot dogs, bologna, and other processed meats)
13. Citrus fruits
14. Other

Changes

15. Weather
16. Seasons
17. Travel (crossing a time zone)
18. Altitude
19. Schedule changes
20. Sleeping patterns (erratic or changes in normal patterns)
21. Diet
22. Skipping meals

Sensory Stimuli

23. Strong lights
24. Flickering lights
25. Odors

Stress

26. Let-down periods (vacations, weekends, after a major event)
27. Times of intense activity
28. Loss (death, separation, divorce)
29. Relationship difficulties
30. Job stress, loss, or change
31. Crisis
32. Other

If you would like to consider **Personal Counseling** please contact:

Annamaria Silveri, PhD (313) 993-1459
Rachel Bennett, LMSW (313) 993-1170

If you would like to make an appointment with the Health Clinic please contact:
Olga Parfenov, FNP-BC (313) 993-1185

In case of **Emergency** contact:

UDM Public Safety (313) 993-1123 or 911

or

Henry Ford Hospital Emergency Room – 2799 W. Grand Blvd., Detroit, MI 48202

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*. UpToDate at: www.utdol.com
Martin, K.A., Douglas, P.A. (2006). *Risks and side effects associated with estrogen-progestin contraceptives*. UpToDate at: www.utdol.com

Headache Calendar - Please bring this with you and share this with your provider.

Your Name: _____ Month: _____ Year: _____

HEADACHE Severity The calendar is numbered 1-31 for each day of the month. On the days you have headache pain, record in the box the number that describes your headache pain: 1 = mild, 2 = moderate or 3 = severe.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Morning																																
Afternoon																																
Evening/Night																																

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DISABILITY FOR THE DAY ¹																																
TRIGGERS ¹																																
MENSTRUAL PERIODS ¹																																

¹ **Disability**

Write a number from 0 to 3 that describes how your headaches pain affected your activities for the day: 0 = no effect, 1 = able to carry out your activities fairly well, 2 = you had difficulty with usual activities and cancelled less important ones and 3 = you missed work for at least half the day, or stayed in bed for part of the day

¹ **Triggers**

Each trigger has been assigned a number, please refer to the Headache Triggers List from the previous page. Record the numbers of the triggers you may have been exposed to on the day or your headache.

¹ **Menstrual Periods**

Place an "X" on the days you have your period.

ACUTE Medicines

On the days you take medicines to relieve your headache pain, write the names of the medicines and the doses in the appropriate box. Place a (+) for each dose you take. Also, record in the appropriate box a number from 0 to 3 that describes the amount of overall relief you got from the medicine: 0 = no relief, 1 = slight relief, 2 = moderate relief, or 3 = complete relief.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Medicine: _____																																
Dose: _____																																
Overall Relief																																
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Overall Relief																																
Medicine: _____																																
Dose: _____																																
Overall Relief																																

PREVENTIVE Medicines

If your provider has prescribed preventive medicines for you, check (+) off the day on the calendar every time you take a medicine.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Med. _____																															
Dose: _____																															
Med. _____																															
Dose: _____																															
Med. _____																															
Dose: _____																															

OVERALL Severity for this month

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Circle one number