

Live Healthy and Be Well!

“Headache Primer”

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We get a lot of questions and see quite a few folks in the emergency room with headaches of different types. Some people seem to have headaches on an every day, or very frequent basis, and wonder what can be done about them. We did some research and want to provide some information on the different types of headaches, and some of the various treatments and management options available.

Headaches, or *cephalalgia*, are described as pain anywhere in the head or neck region. There are several different types, and the causes can range from minor (stress) to life threatening (stroke). The pain does not come from the brain itself, because although the brain is the “master controller” of the body, it does not contain any pain receptors. Instead, the pain comes from the structures that contain and surround the brain, such as the scalp, skull, muscles, blood vessels, sinuses, eyes, ears, and such. The *International Headache Society* has the most commonly used classification system for headaches. If you want to Google this organization, it will provide you with more information than you may want to know! But, essentially, they classify the major types of headaches as primary (a distinct cause), and secondary (caused by something else). If you really want to treat a headache, you need to know the cause behind it, just as with any other type of illness or disease state.

The four main types of primary headaches are migraines, tension-type, cluster-type, and trigeminal (resulting from a disorder of the Trigeminal (facial) Nerve). These headaches result from a primary cause which can be targeted. Headaches due to coughing, exertion, and some other daily headaches are also classed as primary type. What many people know as a “sinus” headache may actually be a migraine, although there are true sinus headaches that result from the pressure of blocked sinuses. Similarly, what many people think of as migraine headaches may actually be caused by tension or just be simple daily headaches (not that they are any less painful or annoying).

True migraine headaches differ with each individual, but may have some features in common. They are often (not always) preceded by an “aura” to signal their onset. Migraines tend to be pulsating in character, and may only affect one side of the head. They are often associated with nausea, can be disabling in severity, and they may last anywhere between 3 hours and 3 days. Migraines are now thought to be caused by a complex series of neural and vascular events. People who suffer from migraines are thought to have an area of their cortex (main part of the brain) that is highly sensitive and excitable to stimulations, especially in the occipital (visual) cortex. A true migraine may be more akin to a mild form of seizure than to an ordinary headache. While the exact causes are still not pinpointed, we do find that this unfortunate

condition is seen more often in women, especially those with a family history, who are undergoing hormonal changes or are on hormone replacement, or taking birth control.

Tension headaches are just what they sound like, and most often brought on by stress and neck muscle tension. Cluster headaches are severe pains in the head that occur together in bouts, and may most often be felt around or behind one eye. They may come and go intermittently, and may well be a lesser form of a migraine headache. The Facial Nerve (aka trigeminal nerve) has five branches on each side that span the scalp, face, and neck. If it becomes traumatized, irritated, or inflamed – *trigeminal neuralgia* (TN) may occur as a result. This can cause severe pain in the area of the nerve distribution, one symptom of which may be a severe headache. The pain may also contribute to facial muscle spasms, the combination of which is known as *tic doloieux*. If you have this condition, you will know it, as it has been described as one of the most painful conditions known to man.

The best treatment for headaches, like any other illness or sickness, is prevention. Limiting stress and tension through healthy living, diet, and exercise can serve to limit or lessen the occurrence of tension, and possibly cluster headaches. Sinus headaches might be prevented or limited by keeping the nasal passages open, promoting drainage by the use of saline nasal sprays, treating your allergies, and avoiding triggers to allergies or sinus infections (molds, pollen, damp weather, etc.). Specialists advise that you keep a “headache diary” to look for any common threads or triggers associated with your headaches, and then try to limit those situations.

There are several medicines that are used to prevent or reduce the severity of migraines and other chronic headaches. Two common approaches used are “acute abortive” (taking meds at aura or first symptom to stop the headache), and prophylaxis (prevention). Although a quiet, dark room will help, you may also need some medicines such as beta blockers (Propranolol), triptans (serotonin agonists like Imitrex), and even Botox. A recent study found that these treatments all have about the same effectiveness; none is clearly superior to another. However, with some people, one may not be enough, and they may need an individually tailored mix of these different drugs.

If prevention and abortive therapies are unsuccessful, there is obviously a role for analgesics (pain medicines). There are many good choices, such as non-steroidal anti-inflammatory drugs (NSAIDs), both by mouth and intravenous forms. Try to avoid the habit of habitually taking “powders,” especially on an empty stomach, as these can be harsh on your digestive system. Narcotics are not a good thing to take with chronic headaches, as they may actually make them worse or initially better and then result in a “rebound” effect later on. Frequent use of narcotic medicines also may result in dependence, or the feeling that “nothing else works for me.” If you have bad and/or frequent headaches, please see your healthcare provider. There are many more treatment options than in the past, and if your case is complicated, you may need a referral to a specialist, such as a neurologist or neurosurgeon. We want to help you and make sure you get the help you need for better quality of life.

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to rabundoctor@gmail.com, or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at www.rabundoctor.com in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundoctor. Like and follow our Facebook page at facebook.com/rabundoctor. Until next month, live healthy and be well!