

# Questions and Answers about Headaches

**Question:** *I have had severe headaches for years and have seen a number of doctors. All the tests they have done, including the MRI scan of the head, are normal. Why am I continuing to have headaches?*

**Answer:** The majority of recurrent severe headaches fall under the category of migraine and related headaches, which are biological disorders of the nervous system. When the routine tests, such as brain wave (EEG), CAT scan, or MRI scan are done, the results are usually normal. In other words, nothing is noticeably wrong in the brain of these headache patients. This does not mean that there are no underlying changes in the brain. The changes in the brain, the blood vessels, and muscles of the head are real but are so small that they can only be detected by sophisticated research techniques that are not yet available for routine use in a physician's office or a hospital. Migraine should be diagnosed and treated as a legitimate biological illness, just like high blood pressure or diabetes.

**Question:** *I get one or two bad headaches a month, which my doctor has diagnosed as migraine. But I also have a different type of headache that can occur almost daily. I sometimes wake up with headaches that I thought were sinus headaches, but my doctor says that my sinus X-rays are normal. What type of headache do I have?*

**Answer:** Persons with migraine may get low-grade headaches frequently, which may be nearly daily. These headaches are considered to be due to the same biological abnormalities that cause migraine. Preventive medications used for migraine help these headaches also.

"Sinus headache" in most instances is a myth. True sinus headache is due to **sinusitis** or infection of the sinuses around the nose. It is usually an (acute) process, associated with blocked nostrils, often some discharge (thick yellow or green) from the nose, and sometimes fever. Diagnosis is generally easy, and it is treated with antibiotics and occasionally surgical drainage of the sinuses. It is extremely rare for sinusitis to cause recurrent headaches once treated properly.

**Question:** *Could my headache be due to allergy? Years ago I had allergy testing and was found allergic to molds and house dust. Allergy treatment did not help the headache.*

**Answer:** There is no scientific evidence to suggest that migraine and other common headache disorders are true allergic conditions. Because allergy and headache are highly prevalent in the general population, there is bound to be an overlap between the two. In other words, the same person may suffer from both allergy and migraine, and treating the allergy may not benefit the headache. A word of caution: if your allergy doctor plans to give you allergy injections, you should let him or her know the list of medications you are taking for migraine control, as there can be some unexpected reactions.

**Question:** *I am a sufferer of very frequent headaches- some very severe, others moderate. Not a single day passes without some kind of headache. In spite of taking over-the-counter as well as prescription pain medicines daily, I still wake up in the morning with headaches. I have become very nervous, and sleep is terrible. The pain medicine does not seem to be working. What should I do?*

**Answer:** You may be having what is known as **analgesic rebound headache**. When a person with migraine and related headaches takes painkillers (over-the-counter as well as prescription) daily in large quantities, the headache may become worse instead of being controlled. The sleep disturbances and the nervousness may also be due to the effect of ingredients such as caffeine and short-acting sedatives in painkillers. Recent research has shown that too much and too frequent use of pain medications and ergotamine makes the preventive medications ineffective. The solution to the problem of this kind of chronic headache is to stop taking the pain medications with medical supervision and to begin a comprehensive treatment program. Specially dedicated headache treatment centers have some programs available.

**Question:** *My doctor gave me a list of foods I should not eat to prevent migraine. I have tried to avoid them, but still I get headaches. Can I go back to eating anything I want?*

**Answer:** Approximately 20 percent of persons with migraines have headaches triggered by diet. Even in the same person, one diet may not produce a headache every time he or she is exposed to it. For example, during the menstrual time, a particular food may induce headache more easily than at other times, because of the hormonal changes occurring at this time. In general, any person who suffers from frequent migraine should try to stay on a diet low in tyramine, caffeine, and preservatives, just as a patient with diabetes would stay on a diet low in sugar and carbohydrates.

**Question:** *My family and my physician believe that I should see a psychiatrist to cure my headache. I know I am not crazy. I have very bad headaches. Can a psychiatrist help?*

**Answer:** All headaches are real. Headaches are not "all in the head." Headache disorders are biological in origin, and many of them are inherited. While there is no evidence that primary headache disorders such as migraine and tension headaches are psychiatric disorders, many patients who experience these headaches develop stress, depression, anxiety, sleep problems, inability to relax, and excessive dependency on medications and health care systems. Some develop "sick behavior", which pulls them into a chronic stage of helplessness and suffering. All complications prevent successful control of headaches. Recognition of these complications is important in the treatment. Any physician interested and knowledgeable in headache treatment should be able to help you. In general, prolonged and expensive psychotherapy is not beneficial in the

treatment of headaches. Established headache clinics have teams of physicians, behavioral psychologists, biofeedback therapists, nurses, and social workers who can work together to help you.

**Question:** *Whenever I go to the emergency room (ER) with a migraine headache, I am given an opioid injection. As I have to go there many times a month, I am afraid I will get hooked on those injections. Some of the doctors in the ER warned me about it. Are there any other medications I can get for my acute headaches?*

**Answer:** Opioid medications should not be the first choice of drugs used for acute migraine. Several, non-opioid medications have been very useful. Ask your doctor about the alternatives to opioids, or seek consultation with a headache specialist.

**Question:** *I am on preventive medications for migraine on a daily basis. Most of the headaches are under control. How long can I stay on the preventive medicines? Are they harmful?*

**Answer:** There are no set rules for the length of treatment with preventive medications. Most headache specialists try to discontinue the medications in six months. Some patients may have to use the preventive medications for a longer period of time, possibly for years. The treatment must be under the supervision of a competent and knowledgeable physician who monitors the benefits of the treatment and potential problems (side effects). All preventive medications used to prevent attacks of migraine have some side effects, such as weight gain. But if properly used, the benefits usually outweigh the side effects. Certain preventive medications have restrictions for continuous use. Your physician will be able to choose the most suitable medications for you.

**Question:** *Does Botox® work for headaches?*

**Answer:** There is some evidence to support the use of botulinum toxin, (known by the brand names Botox® or Myoblock®) injection into the forehead muscle for relief of migraine headache. The result is not permanent however. In general, the procedure, while relatively expensive, is very safe.