

Headaches

Brown Health Services Patient Education Series

What are headaches?

Headache is among the most common medical complaints. These problems may require a visit to your medical provider.

Other primary headache disorders:

- Primary cough headache
- Exercise (exertional) headache
- Primary headache associated with sexual activity
- Cold stimulus headache
- Primary stabbing headache
- Nummular headache
- Hypnic headache
- New daily persistent headache

What causes headaches?

Headaches are most commonly caused by:

- Hereditary
- Illnesses
- Erratic eating or disordered eating habits
- Dehydration, recreational drugs, and alcohol misuse.
- Poor sleep hygiene or sleep habits.
- Processed foods and red wine
- Caffeine intake or sudden decrease in caffeine use.
- Medication, such as birth control pills, or tetracycline for acne.
- Dental infection or abscess, and jaw alignment problems such as temporomandibular disorder (TMJD).
- Prolonged use of electronics, laptops, and other screens.

Common types of headaches

There are several different types of headache.

Tension headaches

These are mild to moderate intensity, bilateral, non-throbbing headaches. Often described as a tight band around the head. Headaches sometimes start in the shoulders and move upward to the back of the head. Social, family, and school pressure, feeling anxious or depressed, can all cause a tension headache. Other signs of depression: loss of energy, poor appetite or overeating, loss of interest in usual activities, change in sleeping patterns (trouble falling asleep, waking in the middle of the night or too early in the morning), and difficulty thinking or concentrating.

Migraines

These are a disorder of recurrent headache attacks. The headache of migraine is often but not always unilateral and tends to have a throbbing or pulsatile quality. Accompanying features may include nausea, vomiting, photophobia, or phonophobia during attacks. Auras are warning signs preceding the onset of a headache attack; they can also occur during the attack. Auras can include bright lines, shapes, objects, tinnitus, noises, music, burning, pain, paresthesia, and jerking or repetitive rhythmic movements. Rare symptoms are loss of vision, hearing, feeling, or ability to move a part of the body.

Cluster Headaches (also known as trigeminal autonomic cephalalgias)

They are severe headache attacks with unilateral orbital involvement and are typically accompanied by ptosis, miosis, lacrimation, conjunctival injection,

rhinorrhea, and nasal congestion. They can also involve unilateral supraorbital, or temporal pain. Attacks usually last 15 to 180 minutes. Please see your Provider for further assessment if you experience these types of headaches.

When should I see my medical provider?

If you are worried about your headaches or if they are disrupting your academic work, home or social life, see your medical provider. Other signs that may warrant medical evaluation include:

Head injury:

- Headaches from a recent head injury should be checked right away
- especially if you lost consciousness from the injury or have memory loss surrounding the event

Seizures:

- Any headaches associated with seizures or fainting require immediate medical attention.

Frequency:

- Your headaches are increasing in frequency
- You are using medication to treat the headaches more than twice/week.

Degree of Pain:

- Headache pain is severe
- Prevents you from doing activities you want to do.

Exercise-induced Headache:

- Occurs with onset of exercise
- as exercise intensifies

Time of attack

- Headaches that wake you from sleep or occur early in the morning. Visual difficulties. Headaches that cause blurred vision, eyespots, or other visual changes.

Other associated symptoms:

- Fever
- Vomiting
- stiff neck
- Toothache
- jaw or sinus pain accompany your headache

How are headaches treated?

Your provider can start a host of treatment modalities, including:

- NSAIDS and Naproxen
- Combination medication: NSAIDS/aspirin, NSAIDS/caffeine products
- Intramuscular Ketorolac
- Triptans including subcutaneous injectables

Referral: In some cases your Health Care Provider may refer you to a Neurologist for further assessment.

Please note your Provider will provide guidance on a chosen course of treatment.

Complementary Therapies

Many different types of therapies are available, depending upon the cause of your headaches. These therapies include medication, diet, biofeedback and other stress reduction measures. A chiropractor, acupuncturist or massage therapist may be helpful. Acupuncture is now covered by most insurances.

Your Provider may also suggest keeping a headache diary to track triggers, duration of attack, nutrition, sleep and social habits, as well as exacerbating or ameliorating factors.

Special Note:

Headaches related to emotional/psychological factors may best be addressed through CAPS to get to the cause of the problem.

Sources

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