

WHERE TO GET HELP AND SUPPORT

The Migraine Trust. 52-53 Russell Square, London, WC1B 4HP.
Tel. 020 7631 6970. UK medical research and patient support charity
www.migrainetrust.org

Ouch UK. Pyramid House, 956 High Road, London, N12 9RX. Organisation for the understanding of cluster headaches in the UK Infoline 01646 651 979
www.ouchuk.org

BASH. Dr. Fayyaz Ahmed, Department of Neurology, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ Email: info@bash.org.uk

The Pain relief Foundation is not responsible for the content of any information provided by another organisation and does not endorse any product or service mentioned or advised by any other organisation.

Other leaflets in the series:

Back Pain Fibromyalgia Headache
Trigeminal Neuralgia Arthritis Diabetes Pain Phantom Limb Pain Shingles & PHN Cancer Pain
Pain after Stroke Sciatica Opioids for chronic pain
Chronic pain & sex Drugs for nerve pain
Complex Regional Pain Syndrome

Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice



PAIN RELIEF FOUNDATION
www.painrelieffoundation.org.uk

HEADACHE

HEADACHE

- Headache is one of the most common pains and affects most people at some time.
- Headache is usually a condition in itself. This is called primary headache.
- There are 3 main types of primary headaches: Tension-type Headache, Cluster headache and Migraine.
- Headache can also be a symptom of an underlying illness. It is then called secondary headache. Such illnesses include: sinus disease, eye disorders and conditions of the brain or nervous system, such as a head injury.

DIAGNOSIS

- Most people have headaches at some time, but many do not consult their doctors about them.
- If you do consult your doctor, he will take a detailed clinical history and do a physical examination to exclude other illnesses, which may be causing headaches. Some people may be concerned that their headaches are caused by a brain tumour. However, it is extremely rare that headache is the only symptom of a brain tumour.
- Based on your history and examination, your doctor will explain the kind of headache you have and offer you treatment and advice.

- IF YOU CONTINUE TO SUFFER FREQUENT, SEVERE HEADACHES, YOUR DOCTOR MAY REFER YOU TO A HEADACHE SPECIALIST, WHO WILL USUALLY BE A NEUROLOGIST (A SPECIALIST IN DISORDERS OF THE NERVOUS SYSTEM).

TENSION-TYPE HEADACHE

- 78% OF ALL HEADACHES ARE MILD, INFREQUENT, TENSION-TYPE HEADACHES. THIS IS THE KIND OF HEADACHE FROM WHICH MOST PEOPLE SUFFER.
- THE PAIN IS A DULL ACHE, WHICH DOES NOT THROB. THE PAIN IS ON BOTH SIDES OF THE HEAD AND THERE IS A TIGHT FEELING AROUND THE HEAD. THESE HEADACHES CAN BE ASSOCIATED WITH TENDERNESS OR TENSION IN THE MUSCLES OF THE HEAD, NECK, JAW AND SHOULDERS.
- IN EPISODIC TENSION-TYPE HEADACHE, WHERE THE HEADACHES ARE FREQUENT AND SEVERE, THE CONDITION IS VERY DISTRESSING. SEVERE HEADACHES MAY OCCUR SEVERAL DAYS EACH MONTH. IN CHRONIC TENSION-TYPE HEADACHE, SUFFERERS HAVE A CONSTANT DAILY HEADACHE (AT LEAST 15 HEADACHE DAYS EACH MONTH).
- TENSION-TYPE HEADACHE DOES NOT GET BETTER WITH AGE, IS NOT AGGRAVATED BY EXERCISE AND IS NOT USUALLY ASSOCIATED WITH NAUSEA. IT IS ONLY SLIGHTLY MORE COMMON IN WOMEN.
- TENSION-TYPE HEADACHES CAN BE ASSOCIATED WITH INCREASED EMOTIONS OR DISTRESS. IN THE CHRONIC FORM, THERE CAN BE ASSOCIATED ANXIETY AND DEPRESSION.
- MIGRAINE AND TENSION-TYPE HEADACHE CAN OCCUR AT THE SAME TIME IN THE SAME PERSON.

TREATMENT

COMMON PAINKILLERS SUCH AS ASPIRIN, PARACETAMOL AND IBUPROFEN ARE VERY EFFECTIVE IN SIMPLE TENSION TYPE HEADACHES. PHYSIOTHERAPY, HOT/COLD PACKS, RELAXATION AND EXERCISE MAY ALSO BE HELPFUL.

ANALGESIC REBOUND HEADACHE

- OVERUSE OF PAINKILLERS IN TENSION TYPE HEADACHE CAN CAUSE CHRONIC DAILY HEADACHES. EPISODIC TENSION-TYPE HEADACHES CAN BECOME CHRONIC DAILY HEADACHE DUE TO MEDICATION OVERUSE. MIGRAINEURS CAN ALSO DEVELOP CHRONIC DAILY HEADACHE FROM OVERUSE OF MEDICATION FOR MIGRAINE.
- TREATMENT WILL INVOLVE REDUCING PAINKILLING DRUGS. PEOPLE SHOULD HAVE AT LEAST 2 TABLET FREE DAYS EACH WEEK. IT MAY BE NECESSARY TO REDUCE THE PAIN KILLERS VERY SLOWLY

CLUSTER HEADACHE

- CLUSTER HEADACHE IS A PAIN SYNDROME OF THE NERVOUS SYSTEM. IT IS VERY RARE AND OCCURS IN LESS THAN 1 IN A 1000.
- IT IS CHARACTERIZED BY A CLUSTER OF HEADACHES OCCURRING FREQUENTLY FOR 2 TO 3 MONTHS, FOLLOWED BY A HEADACHE FREE PERIOD LASTING MONTHS OR YEARS. ALCOHOL CAN TRIGGER HEADACHES DURING THE CLUSTER PERIODS BUT NOT DURING THE HEADACHE FREE PHASE.
- IN CHRONIC CLUSTER HEADACHE, THERE IS NO HEADACHE FREE PERIOD FOR ANY SUBSTANTIAL TIME.
- THE PAIN IS VERY INTENSE AND EXCRUCIATING, ON ONE SIDE ONLY. IT IS A BURNING, PIERCING PAIN. PEOPLE CANNOT KEEP STILL DURING ATTACKS AND MAY PRESS OR BANG THEIR HEADS AGAINST A HARD SURFACE. ATTACKS OFTEN OCCUR AT NIGHT AND AT THE SAME TIME.
- CLUSTER HEADACHE IS MORE COMMON IN MEN. THE FIRST ATTACK USUALLY OCCURS BETWEEN THE AGES OF 20 AND 40 YEARS. IT HAS BEEN ASSOCIATED WITH SMOKING, HEAD TRAUMA AND A FAMILY HISTORY OF THE CONDITION.

TREATMENT

- THE DRUG VERAPAMIL (CORDILOX®) WILL USUALLY PREVENT OR REDUCE ATTACKS.
- INHALATION OF 100% OXYGEN IS EFFECTIVE IN 10-15 MINUTES IN 60-70% OF SUFFERERS.
- TRIPTANS, SUCH AS SUMATRIPTAN (IMIGRAN®) MAY ALSO BE HELPFUL.

MIGRAINE

- MIGRAINE IS A DISEASE OF THE NERVOUS SYSTEM CHARACTERISED BY RECURRING HEADACHES. THESE CAN RANGE FROM MILD TO SEVERE THROBBING HEADACHES, WHICH AFFECT ONE SIDE OF THE HEAD ONLY. THE HEADACHE IS MADE WORSE BY PHYSICAL ACTIVITY. OTHER SYMPTOMS INCLUDE: SICKNESS, VOMITING, SENSITIVITY TO LIGHT, NOISE OR SMELS, VISUAL DISTURBANCES, SUCH AS BLIND SPOTS, FLASHING LIGHTS, ZIG-ZAG LINES & PARTIAL LOSS OF VISION
- ABOUT 10% OF PEOPLE HAVE MIGRAINE, WHICH IS MORE COMMON IN WOMEN. MOST WILL DEVELOP MIGRAINE HEADACHES BEFORE THE AGE OF 30. THE CONDITION WILL USUALLY IMPROVE WITH ADVANCING AGE.
- ABOUT 10% OF MIGRAINE SUFFERERS WILL EXPERIENCE SYMPTOMS SHORTLY BEFORE THE HEADACHE. THIS IS CALLED AN AURA. THE AURA CAN BE VISUAL DISTURBANCES, SUCH AS DIFFICULTY FOCUSING, ZIG-ZAG LINES AND RARELY THERE CAN BE SHORT TERM LOSS OF VISION. THE AURA CAN LAST FOR 15-30 MINUTES. THE PROGRESSION OF EACH MIGRAINE ATTACK WILL ALWAYS BE THE SAME FOR EACH PERSON.
- IN SEVERE MIGRAINE THE ATTACKS CAN BE LONG LASTING AND OCCUR UP TO TWICE A WEEK. USUALLY MIGRAINE ATTACKS OCCUR 1-3 TIMES A MONTH.
- MIGRAINE ATTACKS CAN BE RELATED TO STRESS OR ANY CHANGE IN ROUTINE SUCH AS EATING TIMES. SOME PEOPLE HAVE MIGRAINE AFTER EATING CERTAIN FOODS SUCH AS CHOCOLATE OR RED WINE. THINGS THAT SET OFF A MIGRAINE ATTACK ARE CALLED TRIGGERS.
- MIGRAINE ATTACKS CAN ALSO OCCUR AS A RESULT OF STRESS BEING REMOVED, FOR INSTANCE AT WEEKENDS. WEEKEND MIGRAINES ARE COMMON IN MIGRAINEURS WITH STRESSFUL JOBS.
- MIGRAINE HEADACHES ARE VASCULAR HEADACHES. MIGRAINE STARTS WITH BLOOD VESSELS IN THE BRAIN CONTRACTING. THESE CONTRACTIONS ARE THE CAUSE OF ANY VISUAL DISTURBANCES. THE BLOOD VESSELS THEN DILATE (EXPAND) AND THIS CAUSES THE HEADACHE.

TREATMENT

- THERE IS NO CURE FOR MIGRAINE BUT THERE ARE DRUGS, WHICH CAN HELP. YOU CAN MANAGE YOUR ATTACKS BY AVOIDING THE TRIGGERS WHICH YOU KNOW BRING ON YOUR MIGRAINE ATTACKS.
- THERE ARE DRUGS, WHICH CAN REDUCE THE FREQUENCY OF MIGRAINE HEADACHES. THEY INCLUDE PIZOTIFEN, PROPRANOLOL (A BETA-BLOCKER) AND AMITRIPTYLINE (AN ANTIDEPRESSANT).
- COMMON PAINKILLERS SUCH AS ASPIRIN, PARACETAMOL, CODEINE AND IBUPROFEN MAY BE EFFECTIVE FOR MILDER FORMS OF MIGRAINE HEADACHE. ANTI-NAUSEA TABLETS SUCH AS METACLOPRAMIDE CAN HELP THE SICKNESS. MEDICINE SHOULD BE TAKEN AS EARLY AS POSSIBLE IF YOU FEEL AN ATTACK BEGINNING.
- TRIPTANS, SUCH AS SUMATRIPTAN (IMIGRAN®), RIZATRIPTAN (MAXALT®) ETC. ARE EFFECTIVE FOR MORE SEVERE MIGRAINE IN SOME SUFFERERS. NASAL SPRAYS, WAFERS WHICH ARE ABSORBED THROUGH THE MOUTH OR SUPPOSITORIES ARE AVAILABLE IF SICKNESS AND VOMITING PREVENTS YOU FROM KEEPING THE TABLETS DOWN. THESE DRUGS MAY CAUSE SIDE EFFECTS SUCH AS TIREDNESS, DIZZINESS, AND DROWSINESS.
- IF YOU SUFFER FROM MIGRAINE ATTACKS ON WAKING, TEETH CLENCHING DURING THE NIGHT MAY, IN SOME CASES, BE THE TRIGGER. AN ACRYLIC APPLIANCE CAN BE FITTED OVER YOUR TEETH, WHICH WILL ALLEVIATE THE MIGRAINE.
- YOUR DOCTOR OR SPECIALIST WILL TRY TO FIND THE TREATMENT, WHICH IS BEST SUITED TO YOU.