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Headache

Headaches are more common than diabetes and asthma. Headache is not difficult to diagnose. Still it is the most undertreated condition. This leads to great mystery. 50% of migraine sufferers can't work during the attacks.

How do you classify headaches?

1 PRIMARY HEADACHE:

where there is no obvious cause of headache eg migraine, tension type headache 90% of headaches are of this type.

2 SECONDARY HEADACHE:

where there is obvious cause of headache eg brain tumour, meningitis, venous sinus thrombosis.

10% headaches are of this type.

MIGRAINE

This is the no 1 cause of headache when patients come for neurological consultation. It ranks 15th among most disabling health conditions. Migraine derives its name from the Greek word "hemikranion" meaning pain affecting one side of the head; however migraine can affect either one or both the sides of the head.

Migraine is 2-3 times more common in women than men. 16% of females have migraine. 6% of males have migraine; while 4% of children have migraine.

THE TYPICAL MIGRAINE HEADACHE:

Usually builds gradually

Moderate to severe

intensity Pulsating

Lasting 4-72

hrs Throbbing

Associated with nausea or vomiting

Aversion to sound and light

Usually, a person needs to relax in dark and quiet

place. Sometimes relieved by vomiting

25% of patients have irritability, mood changes and neck pain prior to headaches.

10% of persons experience diminished vision or tingling in hands prior to headache

. After headache, person is usually tired.

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TRIGGERS OF MIGRAINE:

This include

fasting Traveling

Lack of

sleep

Excess

sleep

Exposure to bright

light Perimenstrual

period Anxiety

Stress related to exams Deadline, work related, etc.

Certain food items like Cheese, Chocolate, Chinese food, Curd, Coffee

etc Sudden change in weather.

Caffeine withdraw, alcohol,

Birth control pills,

Fatigue

Applying mahendi to hair.

Pungent smell of perfumes or petrol.

Family history of migraine is present in about 80-90% of persons.

DIAGNOSIS OF MIGRAINE:

It is essentially made by neurologist based on history and examination findings. when in doubt, appropriate tests like CT scan or MRI are done.

TREATMENT OF MIGRAINE:

There is no cure for migraine. However adhering to the plan given by your doctor can help relieve your migraine headache and reduce frequency Severity and duration of future migraine attacks.

It is tailored as per severity and disability caused by the headache

NON PHARMACOLOGICAL TREATMENT:

1 Good sleep is of prime importance for all migraine persons

Establish regular sleep hours.

Wake up and go to sleep on same time, every day including weekends.

2 Regular meals

Eat about the same time every day.

Don't skip meals.

Breakfast is most important . Avoid food, that triggers migraine.

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3 Regularly exercise

During exercise, your body releases neurotransmitters that block pain signal to your brain and also alleviate anxiety and depression .

Choose the exercises you enjoy like walking, swimming, cycling, etc.

4 Stress

Simplify your life. Manage your time wisely.

Don't worry about the things, you can't control.

PHARMACOLOGICAL TREATMENT:

DRUGS USED IN TREATMENT OF ACUTE ATTACK

Paracetamol
Ibuprofen
Naproxen
Diclofenac
Triptans
Ergotamine

DRUGS FOR PREVENTING MIGRAINE ATTACK

Flunarizine
Propranolol
Topiramate
Divalproex sodium
Certain

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Tension type headache:

About 40% of the population suffers from tension type headache. However most people do not see their Doctor as this is usually mild headache. It is usually bilateral occurs on both sides of the head and non-disabling. As this is a primary headache neurological examination and MRI is normal.

Infrequent tension type headache usually do not require treatment other than simple analgesics like paracetamol naproxen or ibuprofens.

Chronic tension type headache is treated with Amitryptline, Topiramate or Mirtazipine.

Nonpharmacological interventions like stress management counselling biofeedback yoga, pranayam and a self care combined with medications is beneficial.

What are the symptoms that make you think that this person needs investigation(secondary headache)?

- 1 sudden onset first headache
- 2 worst headache ever
- 3 when headache starts after the age of 50
- 4 progressively increasing headache
- 5 headache with fever rash or stiff neck
- 6 headache with change in behaviour
- 7 headache with the weakness of one side of the body
- 8 new headache in patients of cancer or HIV
- 9 A change in pattern or character or timing and patience of migraine.
- 10 headache with pappiloedema

Above symptoms may lead to serious causes of headache when investigated like

- brain tumour
- Venous sinus thrombosis
- aneurysm of cerebral artery
- meningitis
- encephalitis
- brain haemorrhage
- stroke or
- increased intracranial pressure.

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