

Headache

Definition

- *Headache, or cephalgia, is one of the most common neurologic complaints.*
- *It is actually a symptom rather than a disease entity; it may indicate*
 - *organic disease (neurologic or other disease)*
 - *A stress response,*
 - *Vasodilation (migraine),*
 - *Skeletal muscle tension (tension headache), or a combination of factors.*

Classification of Headaches

1. *Tension headache*
2. *Migraine headache*
3. *Cluster headache*

Evaluation of patients presenting with Headache

- ❖ When evaluating a patient with headache, the **goal** is to:
 - Distinguish serious headache from benign headache syndrome
 - Give appropriate treatment.
- ❖ *Appropriate History* is critical in evaluating a patient with headache.
- ❖ *Characterize the headache: the quality, location, duration, frequency, time course, the conditions that produce, exacerbate or relieve it should be reviewed.*
- ❖ *Look also for associated symptoms, medication history and psychiatric history.*

Evaluation of patients presenting with Headache cont..

- ❖ *Finally you need to document the data gathered by using patient's own words*
- *What is the location? Is it unilateral or bilateral? Does it radiate?*
- *What is the quality—dull, aching, steady, boring, burning, intermittent, continuous, paroxysmal?*
- *How many headaches occur per hour or day or week?*
- *What are the precipitating factors, if any (environmental, such as sunlight and weather change; foods; exertion; other)?*

- *What makes the headache worse (coughing, straining)?*
- *What time (day or night) does it occur?*
- *Are there any associated symptoms, such as facial pain, lacrimation (excessive tearing), or scotomas (blind spots in the field of vision)?*
- *What usually relieves the headache (aspirin, NSAIDs, food, heat, rest, neck massage)?*
- *Does nausea, vomiting, weakness, or numbness in the extremities accompany the headache?*

- *Does the headache interfere with daily activities?*
- *Do you have any allergies?*
- *Do you have insomnia, poor appetite, loss of energy?*
- *Is there a family history of headache?*
- *What medications are you taking?*

Indicators of serious headaches

- *Headache worsening over days or weeks (tumor)*
- *Disturbs sleep or present immediately upon awakening (tumor)*
- *Fever or other unexplained systemic signs (meningitis)*
- *Vomiting precedes headache*
- *Headache induced by bending, lifting or cough*
- *Onset of headache in patients older than 55 yrs.*

Migraine headache

- ❖ According to the international headache society migraine headache is characterized as follows
- ❖ At least 5 attacks, not attributable to another cause, which fulfills the following criteria:
 1. Headache attacks lasting 4-72 hours when untreated
 2. At least two of the following characteristics:
 - Unilateral location
 - Pulsating quality
 - Moderate or severe pain intensity
 - Aggravation by or causing avoidance of routine physical activity
 3. During the headache there must be at least one of the following associated symptom clusters:
 - Nausea and/or vomiting
 - Photophobia and phonophobia

Tension type headache

- *The most common type of headache.*

❖ *To say tension headache:*

- a) At least 10 episodes*
- b) Headache lasting from 30 minutes to 7days*
- c) Headache has at least two of the following characteristics*
 - bilateral location*
 - pressing/tightening (non-pulsating) quality*
 - mild or moderate intensity*
 - not aggravated by routine physical activity*
- d) Both of the following*
 - no nausea or vomiting (anorexia may occur)*
 - Absence of Photophobia or phonophobia*
- e) Not attributed to another cause*

Cluster headaches

- a) At least five attacks*
- b) Severe or very severe unilateral orbital, supra-orbital and or temporal pain lasting 15-180 minutes, if untreated*
- c) Headache is accompanied by at least one of the following*
 - ipsilateral conjunctival injection, and or lacrimation*
 - ipsilateral nasal congestion and /or rhinorrhea*
 - ipsilateral eyelid edema*
 - ipsilateral forehead and facial sweating*
 - ipsilateral miosis and/or ptosis*
 - a sense of restlessness or agitation*

Cont..

d) attacks have a frequency from one every other day to eight per day

e) Not attributed to another disorder

Acute treatment options for migraine

- *Nonspecific*
 - NSAIDs
 - *simple analgesics*
 - *combination analgesics*
 - *Antiemetics*
 - *opioids*

Prophylactic Treatment- migraine

- Prophylactic treatment is **indicated** if the patient has *three or more attacks per month.*
- Drugs used for this purpose include *β -blockers*(propranolol), *Tricyclic antidepressants* (amitriptyline), and *Calcium channel blockers* (Verapamil), Valproic acid.
- Start with low dose and gradually increase if there is no adequate response.

Cluster headache mgt

- *Acute attack /abortive therapy (Treatment)*
 - ✓ *Inhalation of 100% oxygen and*
- *Sumatriptan 6 mg S.C. stat said to be helpful and ergotamine or other analgesics may also be used.*
- *Preventions/prophylactic therapy: clusters attacks can be prevented effectively by:*
 - *Prednisolone , Lithium, Methysergide, Ergotamine, Sodium valproate and verapamil*

Management of tension headache

❖ *Abortive therapy/acute treatment*

- *Simple analgesics like paracetamol, ASA, Ibuprofen, and Diclofenac.*
- *If treatment is unsatisfactory addition of caffeine or other analgesic is beneficial.*

Cont...

❖ *Long term preventive therapy*

- *This kind of treatment is **indicated** if the headache is :*

- ✓ *Frequent (> 2 attacks / week),*

- ✓ *Of long duration (> 3 hrs)*

- ✓ *Severe (cause significant disability)*

- ✓ *Associated with overuse of abortive medication*

- ❖ *Commonly used drug for long term treatment is
Amitryptilline.*

Tension headache

❖ *Physical Therapy: different techniques can be used including*

- *Hot or cold application*
- *Positioning*
- *Stretching exercises*
- *Massage*

❖ *Psychological Therapy*

- *Includes reassurance, Counseling, relaxation, stress management programs and biofeedback techniques reduce both the frequency and severity of chronic headache.*

Thank you !!