

Headache?but which one?

One of the most important steps in the successful management of migraine is in diagnosing that it is actually migraine which is the cause of the headache. Migraine is quite distinct from other headache types in how it presents and in how an episode evolves, attacks and subsides. Let's look at the three most common "primary" types of non-migraine headache (secondary being headaches caused by other medical conditions)

Tension Headache

The most common type of headache is tension headaches and is usually caused by stress, poor posture or inadequate lighting. Often beginning in the afternoon or early evening of a stressful day and presenting as a "band like" or "pressing" sensation at the front of the head, they can last from one to six hours.

With tension headache, pain tends to be bilateral (both sides of head), constant and with no other symptoms as opposed to migraine which is usually confined to one side of the head, together with other identifiable symptoms.

For most, treatment with an analgesic (paracetamol, aspirin or ibuprofen) will usually take care of it. Engaging in self-management activities such as regular exercise, regular eye breaks from your computer at work, sensible eating habits and learning stress management techniques can all lead to a reduction in tension headaches.

Chronic Daily Headache

Different from tension headache, which is episodic in nature, Chronic Daily Headache (CDH) refers to any headache that occurs on at least 15 days per month with each at least four hours duration. Currently affecting 4-5% of the population (and growing) variants of CDH can significantly affect an individual's ability to function at work, at home and socially.

There are three distinct types:-

Chronic Tension Headache

Typically affects those with a history of ordinary tension headache.....and whilst similar, it occurs on at least 15 days per month. Whereas tension headache is usually related to individual situations, chronic tension headache tends to be provoked by more enduring ongoing personal situations, i.e. job issues, family and relationship problems, grief, depression

Chronic (Transformed) Migraine

Diagnosed if you have migraine on 15 or more days a month over a period of at least six months. Over time, people with this diagnosis may experience an additional daily or almost daily headache. As the frequency of these headaches increases, there is a corresponding decrease in actual headache pain along with other migraine symptoms. The down side of this perceived relief is that the headaches become less responsive to treatment. With other effects such as depression and sleep disturbance, people will usually experience a more typical "breakthrough" migraine attack on top of the enduring "background" headache.

Medication Overuse Headache

This is caused by the overuse of medication, taken primarily to alleviate headache. In the main this relates to analgesics (paracetamol, codeine, aspirin or ibuprofen) although can also occur with migraine attacking drugs (triptans). Those most commonly affected are those with a history of tension headaches or migraines that have become more frequent or severe over time. They take medication to gain relief from the pain, only to find the headache returning once the drugs have worn off. Sufferers then take more medication to alleviate continued pain, pain eases, drugs wear off, pain returns etc. (a vicious circle!). It becomes easy then to fall into a cycle of taking medication for a headache that is itself caused by

medication! Once in this spiral, the only way is to break the cycle completely is through withdrawal. This is best achieved through consultation with your doctor. Typical withdrawal side effects can be worsening headaches, nausea and anxiety for a couple of weeks.

Cluster Headache.

Affecting around 1% of people, this is a rare but very severe headache found six times more commonly in men and usually begins in late 20's or early 30's. Typically, attacks begin in the middle of the night. Primary symptom is a severe stabbing pain affecting one side of the head. The side affected can vary between attacks but only in very rare cases would it affect both sides of the head at the same time. The duration of an attack can be between 15 minutes and up to 3 hours. Attacks come in clusters (hence the name) and can occur several times a day over a period of weeks or even months. After each cluster though, attacks can disappear for months or years.

A cluster attack can be distinguished from a migraine attack in that with cluster headache the person is agitated during an attack or unable to sit or lie at peace or find relief through sleep.

During an attack, other symptoms may occur such as red or watery eyes, runny nose, nasal congestion, facial sweating. In addition, a sufferer's eyes may be affected with constriction of the pupil or drooping or swelling of the eyelid. Cluster headache has been described by some medics as "the most painful event that can happen a person" which emphasises the severity of the condition.

Whilst the cause is unknown, suspected trigger factors include alcohol, tobacco, irregular sleeping patterns, and stress and decreased blood oxygen levels. The most common treatment for cluster headache is the inhalation of pure oxygen and is only successful if the mask fits perfectly without leaking. Your GP should be able to help with further information.

The three "primary" types of headache I've described are the most common non-migraine headaches. There are other types of headache, i.e. those relating to sinus problems, over exertion especially exercise. These are known as secondary headaches.

For comprehensive and free health advice and information call in to Whelehans, log on to www.whelehans.ie or dial 04493 34591.