

Headache and Migraine Management

Headaches are unfortunately quite common. Except for migraines, which are a disease, headaches are a symptom and can be caused by numerous factors. It is important to know that most headache conditions can be treated, not cured. The first step is to become more informed about the types of headaches, common causes and treatments, and to better understand your own headaches. Armed with this information, you and your healthcare professional can determine the right treatments for you.

The most common types of headaches - tension, cluster, migraine, menstrual and rebound headaches are explained on the back of this sheet.

Monitor and understand your headache

Numerous factors such as foods, alcohol, caffeine, changes in weather, stress, sleep patterns or menstrual cycle can trigger headaches. A headache diary is an effective tool for monitoring and identifying factors that provoke headache. Each time you experience a headache, write down as much information as possible about triggers and symptoms.

Prepare yourself for medical care

Diagnosis and treatment depend on an open and therapeutic relationship between you and your health care professional. It is important that you describe your symptoms and identify factors that provoke headache.

The following are some questions your healthcare professional may ask on your first visit. Prepare ahead and note the answers in your headache diary.

To determine the frequency and type of headache

- When and how often do you get the headaches?
- Do your headaches increase at certain times of the day, month or year?

To determine headache pain

- Where is the pain located? Does the pain move around?
- What is the pain like? Aching, burning, throbbing?
- How bad is the pain and how long does it last?
- How long does it take for the pain to reach its maximum?

To determine associated symptoms

- What happens before the onset of headache pain?
- Do coughing, exercise or other activities increase the headache pain?
- What other symptoms do you experience during the headache?

To determine headache management

- What medications/alternative measures have you taken and when?
- What medications/alternative measures seemed to provide the most relief?
- Do you take medication in anticipation of headaches?

Source: American Medical Association. Taking a Headache History. www.ama-assn.org/med-sci/

Managing your headache

Medication, alternative approaches and changes in lifestyle can help control the symptoms of headaches and migraines. **It is important that you ask your doctor, nurse and pharmacist to help you find the right treatment or combination of treatments that work best for you.** Some treatments may not work well for you even though they are effective for other people with the same condition.

If you develop a headache that is new or unusual, it is important that you seek medical evaluation. A visit to your health care professional will help determine whether your symptoms are suggestive of an underlying illness or related to a specific type of headache.

Alternative approaches

Alternative approaches can be effective in relieving headache or migraine pain. For example, migraines can be related to **nutritional status**. Some foods are best avoided while others can be helpful in preventing or treating migraine. Dietary supplements such as fish oil (Omega-3), Vitamin B2, magnesium and calcium can be part of a natural preventive treatment for migraine.

Non-drug treatments, such as biofeedback and relaxation techniques can help stabilise and prevent migraines and headaches. These techniques are especially recommended for children and adolescents. Exercises such as yoga, walking or Tai Chi can lessen the frequency and severity of attacks. Acupuncture, chiropractic, physiotherapy, reflexology and other holistic techniques can produce positive results.

There are many **herbal remedies** that can potentially help migraines and headaches. The most common and effective herb is Feverfew Leaf. Consult a herbalist or a knowledgeable health care professional before commencing treatment. Some herbal remedies can conflict with other medication, health conditions or pregnancy.

Types of headaches

Tension headaches are the most commonly reported. Typically, they come on gradually. Pain is often described as a steady mild to moderate ache, tightness or pressure affecting both sides of head and neck. Stress, eyestrain or poor posture can provoke these headaches. Symptoms include fatigue, sleep disturbances and depression. Tension headaches can last for several hours or days.

Cluster headaches are more common among men than women. Pain is sudden, severe and stabbing, affecting a localized area of the head or around one eye. Symptoms occur on the side of the head where the pain is felt and can include drooping of the eyelid, tearing or redness of the eye, a runny nose and facial sweating. Headache is steady and lasts between 20 and 60 minutes. Attacks can occur over a period of weeks or months before disappearing completely for a year or even longer. This is known as

cluster period. Treatment often requires careful monitoring by a medical specialist.

Migraine headaches affect twice as many women as men. Unlike headaches, a migraine is a disease and not a symptom. Some people may have a genetic predisposition for migraines. Pain is typically throbbing, often felt on one side of the head and can radiate across the head down to the neck and shoulders. Symptoms include nausea, vomiting, sensitivity to light, smells or sound. Attacks normally last between 4 and 72 hours. Prior to an attack, 15 % of sufferers experience an aura – a visual disturbance typically lasting 20-30 minutes, consisting of bright, blinking or zigzagging lights that move across the person's field of vision.

Menstrual migraine normally occurs without aura one or two days before a woman's period. A woman's sensitivity to the natural

fall in levels of oestrogen just before menstruation is a key factor in the increased prevalence of migraine among women. Prostaglandin released from the uterus is also associated with menstrual migraine, about one to two days into the period. Treatment can be the same as for other migraines. Low-doses of oestrogen supplements may help.

Rebound headache, sometimes referred to as transformed migraines, commonly starts with patients who suffered from migraine in their teenage years, the attacks becoming more frequent, transforming into chronic daily headache in later years. Medication overuse causing "rebound" headaches also leads to increased headache frequency. With tension-type or migraine headaches, if pain relievers are overused, medication withdrawal triggers a headache leading patients to take more medication.

The following organisations offer useful information, support and reassurance to individuals who suffer from headaches or migraines:

- British Brain & Spine Foundation. www.bbsf.org.uk/
- Migraine Association of Ireland. www.migraine.ie/main/html
- Migraine Action Association. www.migraine.org.uk/home.htm
- ACHE. www.achenet.org/understanding/