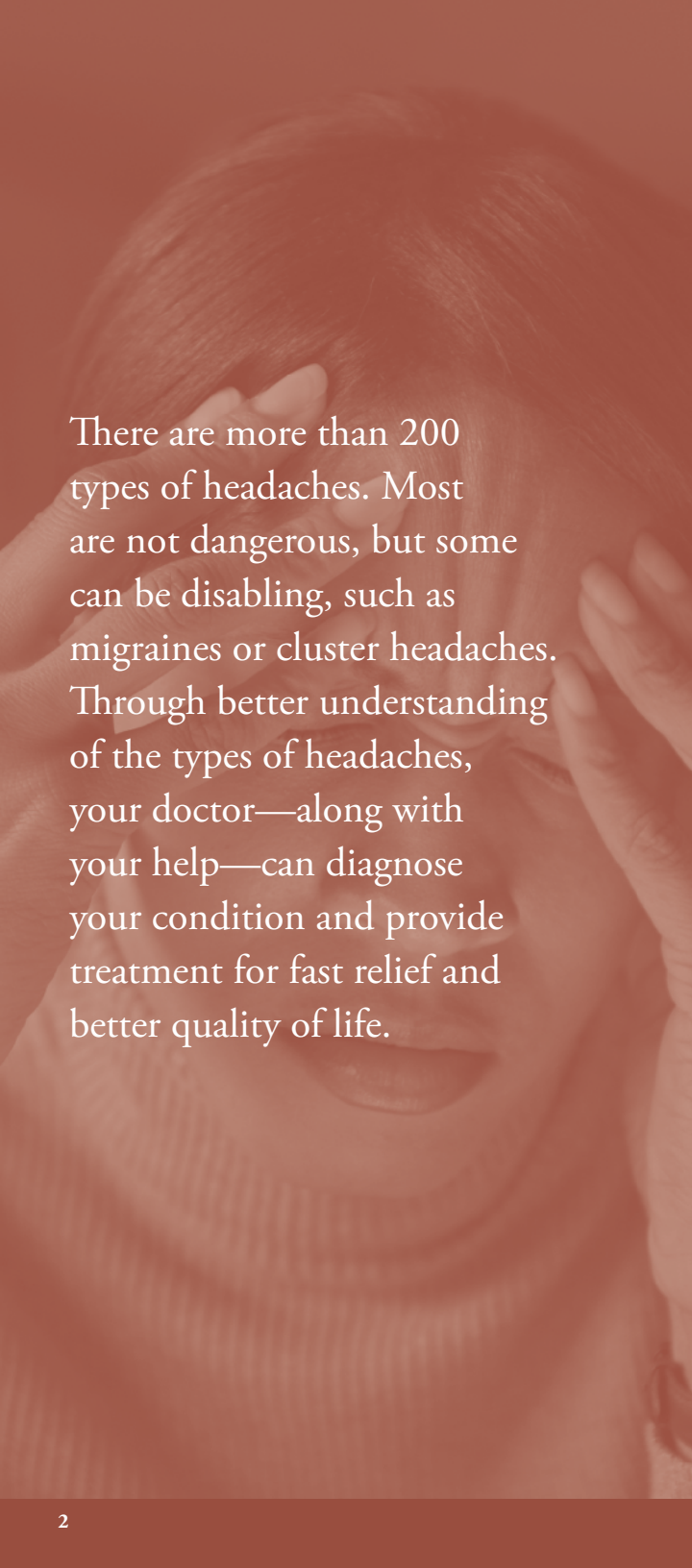




Headaches



A close-up photograph of a woman's face, showing her eyes closed and her hands pressed against her temples, indicating a headache or migraine. The image is overlaid with a semi-transparent red filter. The text is centered on the left side of the image.

There are more than 200 types of headaches. Most are not dangerous, but some can be disabling, such as migraines or cluster headaches. Through better understanding of the types of headaches, your doctor—along with your help—can diagnose your condition and provide treatment for fast relief and better quality of life.

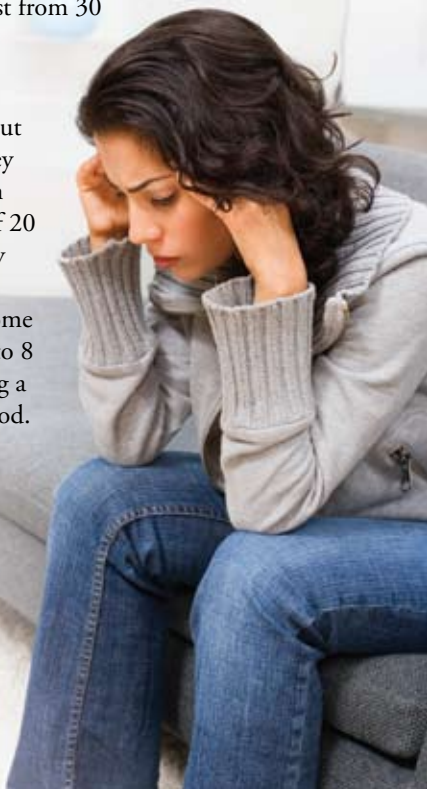
Types of Headaches

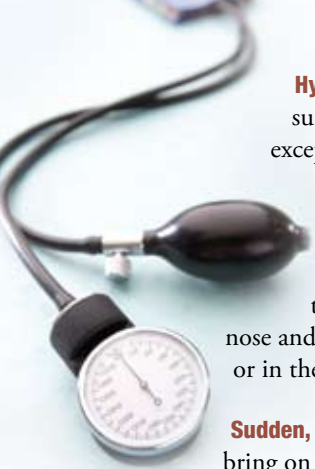
Here is a rundown of the major headaches:

Migraines: Occur less often than tension-type headaches, but they are usually much more severe. In typical cases, pain develops on one side of the head, often beginning around the eye and temple before spreading. The pain is often severe and described as ‘throbbing’ or ‘pulsating.’ Nausea is common, and many patients have a watery eye, runny nose, or congestion. Without treatment, migraine attacks may last 4 to 72 hours.

Tension-type headaches: These are the most common of all headaches. They are usually mild to moderately severe. But some people get severe tension headaches, and some have them 3 or 4 times a week. The typical tension headache produces a dull, squeezing pain on both sides of the head. Some tension headaches are triggered by being tired, emotional stress, or problems involving the muscles or joints of the neck or jaw. They can last from 30 minutes to 7 days.

Cluster headaches: Are not common but are very severe. They typically affect men between the ages of 20 and 40, particularly those who smoke. These headaches come in clusters, with 1 to 8 attacks a day during a 1- to 3-month period.





Hypertension: High blood pressure does not cause headaches except in severe cases.

Sinus headaches: Can be caused by acute sinusitis, which creates pain over the forehead, around the nose and eyes, over the cheeks, or in the upper teeth.

Sudden, strenuous exertion: Can bring on a headache (such as from exercise or sex).

Medication side effects: Headaches can be a side effect of certain medications. If you think a drug is causing your pain, check with your doctor. But don't stop treatment on your own.



Rebound headaches: Caused by overuse of painkillers and other headache medications. If you take some drugs too often your body becomes used to them. As they wear off, a headache comes on, so you take another dose. Talk with your doctor about how best to stop this vicious cycle. Most of all, don't get into this fix by overusing drugs.



"Ice Cream Headaches": Some people get sudden, sharp head pains when they eat anything cold (sometimes called "ice cream headaches").

Stress Relief

You can't eliminate stress from your life. But a few tried-and-true tips may help prevent headaches or ease them once they begin:

Exercise. Aerobic exercise reduces stress and can boost your mood. Aim to do 30 minutes of moderate activity, such as brisk walking, on all or most days.

Learn relaxation techniques. Treat yourself to a massage. Try meditation, yoga, or deep breathing.

Improve your time-management skills. These techniques can help you juggle work and family demands and ease your stress levels.

Get enough sleep. Most people need 7 to 8 hours of sleep a night. If you're finding it hard to fall or stay asleep, you may want to look at your behavior during waking hours. Avoiding caffeine in the afternoon, limiting fluids before bedtime, and exercising all can improve sleep. If you still have trouble sleeping, consider talking to a sleep specialist.

Confront stressful situations head-on. Don't let stressful situations fester. Use negotiation skills at work, and hold family problem-solving sessions at home. Don't wait until the end of the day or week to confront a problem.



When To Worry

You can take care of many headaches on your own. Your doctor can give you medication to control most of the tougher ones. But some headaches call for prompt medical care. Here are some warning signs:

- Headaches that first develop before age 5 or after age 50.
- A major change in the pattern of your headaches.
- An unusually severe “worst headache ever.”
- Headaches accompanied by fever, stiff neck, confusion, decreased alertness or memory, visual problems, slurred speech, weakness, numbness, or seizures.
- Headaches coupled with a painful red eye.
- Headaches accompanied by pain and tenderness over the temples.
- Headaches that follow a blow to the head.
- Headaches so severe that they prevent normal daily activities.
 - Headaches that come on abruptly, especially if they wake you up from sleep.
 - Headaches that get steadily worse.
 - Headaches in patients with cancer or impaired immune systems, such as with HIV/AIDS.





What Your Doctor Will Want to Know

Because most headaches have few, if any, measurable effects on the body, tests aren't likely to turn up much helpful information. Instead, your doctor will rely on the details you provide about your pain. Before your visit, jot down answers to these questions:

When did your headaches begin?

Does anything seem related to their onset?

How often and when do they occur?

How long do they last?

What do they feel like?

Does anything trigger or worsen the headaches?

Does anything ease the pain?

Is there a history of headaches in your family?

How is your family and work life?

How have your headaches influenced your life?

Testing

Modern medicine depends on tests to diagnose many problems. For most headaches, though, a good old-fashioned medical history and physical will do the job. In fact, images of the brain (CT scans and MRIs) and brain wave tests (EEGs) are usually not worth doing, because they are normal in tension-type headaches, migraines, and cluster headaches. Still, these tests can be vital for patients with worrisome headaches. Your doctor may refer you to a neurologist.



To learn more about headaches,
visit the Pri-Med Patient
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