

Migraine and Other Headaches



written by Harvard Medical School



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Patient Education Center

www.patientedu.org

Nearly everyone has had a headache, and most of us have had many. A minor headache is little more than a nuisance that may be relieved by an over-the-counter pain reliever, some food, or a short rest.

However, some headaches are more severe, and you should talk with your doctor about these. Proper diagnosis and early treatment are the keys to relieving the pain from migraines and other severe headaches.

For more information about migraines and other headaches from Harvard Health Publications, go to www.patientedu.org.



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 properly diagnose your condition and provide treatment for fast relief and better quality of life. Here is a rundown of the major headaches, beginning with migraine:

Migraines

Underdiagnosis. Migraines occur less often than tension-type headaches, but they are usually much more severe. Research shows that 28 million people suffer from migraines, yet only about half have been diagnosed. In the course of a year, about 18% of American women, 6% of men, and 5% of children will have at least one migraine.

Neurologists believe that migraines are caused by changes in the brain's blood flow and nerve cell activity. Genetics play a role, since 70% of migraine sufferers have at least one close relative with the problem.

Migraine triggers. Although a migraine can come on without warning, it is often set off by a trigger. The things that set off attacks vary from person to person, but a migraine sufferer usually remains sensitive to the same triggers. Here are some of the most common ones:

Major Migraine Triggers

Lack of sleep or oversleeping

Fatigue

Emotional stress

Menstrual periods

High altitude

Climate changes

rising humidity, extreme heat or cold, atmospheric pressure changes, and rapid temperature changes

Sensory triggers

bright or flickering lights, loud noises, and strong smells

Dietary triggers

missing a meal, alcohol (*especially red wine*), an increase or decrease in caffeine, and certain foods (*such as chocolate, nitrates in cured meats and fish, aged cheeses, and others*)

Even if you avoid all possible triggers, you are still likely to experience a migraine occasionally. And many people who get migraines have frequent and severe headaches no matter how carefully they avoid triggers.

Symptoms. To help your doctor properly diagnose the cause of your head pain, explain your symptoms in detail. Migraines often begin in the morning and may awaken you from sleep. In some people, the attacks are preceded by several hours of fatigue, depression, and sluggishness or by irritability and restlessness. Because migraine symptoms vary widely, almost half of all migraine sufferers think they have sinus or tension-type headaches, not migraines.

About 20% of migraines include symptoms called the *aura*. Visual complaints are most common. They may include temporary loss of vision and/or seeing flashing lights, halos, sparkles, or wavy lines. The aura may also involve numbness or tingling on one side of the body, especially the face or hand. Some patients develop aura symptoms without getting a migraine.

Unlike tension and sinus headaches, the pain of a migraine is typically throbbing or sharp. It usually occurs on one side of the head only, confined to the temple, eye, or back of the head.





Keep detailed notes of your symptoms to help your doctor properly diagnose your headache.

Most migraines develop without an aura. In typical cases, the pain is on one side of the head, often beginning around the eye and temple before spreading to the back of the head. The pain is often severe and may be described as throbbing or pulsating. Nausea is common and may be severe, and many migraine patients have a watering eye, runny nose, or congestion. If these symptoms are prominent, they may lead to a misdiagnosis of sinus headaches.

Duration. Without effective treatment, migraine attacks may last 4 to 72 hours. Many people with migraine turn to their doctors for prescription medications, and the sooner the better. A crucial principle in treating migraines is that it's easier to nip them in the bud than to end entrenched attacks. When you're suffering a migraine, even 4 hours is far too long—and that's why early recognition and treatment is so important.

Treatment. There are two types of medications to treat migraines, drugs that are taken when a headache starts (called *acute medications*) and drugs that are taken every day to prevent migraines (called *preventive medications*). Ask your doctor whether it is right for you to take acute medications only or a combination of a daily preventive medication to reduce the number of attacks and acute medications to take when a migraine does occur.

Acute therapy. If you spot a migraine in its very earliest stages, you may be able to relieve the pain with quick-acting medications. Talk with your doctor about over-the-counter and prescription options so you don't have to live with the pain.

If prescription drugs are needed, doctors often turn to migraine-specific medications called *triptans*. Tablets are the most commonly prescribed form of triptans, but other formulations are available. Triptans are an effective treatment option. They provide relief of pain and migraine-associated symptoms for many patients within 2 hours.

Many people with migraines turn to their doctors for prescription medications, and the sooner the better.





Sit down with your doctor and discuss your symptoms and treatment options so that you have the tools to quickly relieve your migraine pain.

Because triptans can affect blood flow to the heart as well as the head, patients with certain conditions (such as coronary artery disease or major risk factors for heart disease) should not take triptans. Be sure to review all of the medications you may be taking with your doctor, especially if you are taking antidepressants such as *selective serotonin reuptake inhibitors* (SSRIs) or *serotonin norepinephrine reuptake inhibitors* (SNRIs).

Older migraine medications, including *ergot drugs*, still help some patients. Others need anti-nausea medication, stronger prescription painkillers, or even a short course of steroids.

Work with your doctor to find the treatment option that works best for you. Remember, though, that overuse of acute migraine medications can lead to rebound headaches and a vicious cycle of drugs and headaches (for more information, see ‘rebound headaches’ on page 11).

It may take time, but living with fewer migraines will be worth the effort.

Preventive therapy. Some people can prevent migraines simply by avoiding triggers. Others do well with prompt therapy of occasional attacks. But patients who suffer frequent attacks often benefit from preventive medications. Reasons for prescribing preventive medications include frequent attacks, overuse or poor response with acute medications, missing too many days of work, and migraines associated with unusual neurological complications (*complicated migraines*).

Effective types of preventive drugs are *beta blockers*, certain *antidepressants*, and certain *antiseizure* medications. Your doctor will choose a medication based on your overall medical condition. Be sure to talk with your doctor about all the potential side effects of these medications.

You may need to try several drugs or a combination of agents. Even if you take preventive medicine, you may need to keep acute medicine on hand for when a migraine occurs. It may take time, but living with fewer migraines will be worth the effort. Difficult cases may benefit from referral to a headache specialist.



Other Headaches...

There are hundreds of conditions associated with head pain. Here are just a few:



- **Tension-type headaches** are the most common of all headaches and are usually mild to moderate in severity. But some people get severe tension headaches, and some have them three or four times a week. The typical

tension headache produces a dull squeezing pain on both sides of the head, like their head is in a vise. Some tension headaches are triggered by fatigue, 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 uncommon but very severe, typically affecting men between 20 and 40 years of age, particularly those who smoke. These headaches come in clusters, with one to eight attacks a day during a one-to three-month period.
- While associated with many preventable health problems, **hypertension** does not cause headaches except in cases of severe high blood pressure.



- **Sinus headaches** can be caused by acute sinusitis, creating pain over the forehead, around the nose and eyes, over the cheeks, or in the upper teeth.

Go to www.patientedu.org/sinus to learn more and to access the PEC booklet 'Sinusitis.'

- **Sudden, strenuous exertion** (such as exercise or sex) can bring on a headache.
- Headaches can be a **side effect of medications**. If you think a medication is causing your pain, check with your doctor, but don't stop treatment on your own.
- **Rebound headaches** are caused by overuse of painkillers and other headache medications. If you take some medications too frequently 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 medications.
- Some people develop sudden, sharp head pains when they eat anything cold (sometimes called "**ice cream headaches**").



There are hundreds of conditions associated with head pain.

A Prescription for Stress Relief

You can't eliminate stress from your life, but a few tried-and-true coping techniques may help prevent headaches or ease them once they begin:



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

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.



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 examine your waking

hours. Strategies such as avoiding caffeine in the afternoon, limiting fluids before bedtime, and exercising can improve sleep. If you still have trouble sleeping, consider consulting a sleep specialist.

When to Worry

You can take care of many headaches by yourself, and 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, or neurological symptoms (such as visual problems, slurred speech, weakness, numbness, or seizures)
- Headaches accompanied by a painful red eye
- Headaches accompanied by pain and tenderness over the temples
- Headaches that follow a blow to the head
- Headaches that 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 common 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 information you provide about your pain. Before an appointment, you may find it useful to jot down the 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 seem to trigger or worsen the headaches? _____

Does anything ease the pain? _____

Does anyone in your family have a history of headaches? _____

How is your family and work life? _____

How have your headaches influenced your life?

For more help on identifying your symptoms, see the quiz on page 16.

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 normal in tension-type headaches, migraines, and cluster headaches. Still, these tests can be vital for patients with worrisome headaches (see page 12). Especially in these cases, your doctor may refer you to a neurologist.

Living with Headaches

For most of us, an occasional headache is nothing more than a temporary speed bump in the course of a busy day. Even so, you can ease the problem with simple lifestyle measures and non-prescription medications. But for some of us, headaches are a big problem. Learn to recognize warning signs that call for prompt help. Work with your doctor to develop a program to prevent and treat migraines and other severe headaches. And don't fall into the trap of overusing medications; for some folks, rebound headaches are the biggest pain of all.



**Is it a migraine?
See page 16 for a quiz.**



To learn more about migraine and other headaches, visit the **Pri-Med Patient Education Center** at: www.patientedu.org/headache.

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