

## Help for Headache – Part 2

### Getting the care you need

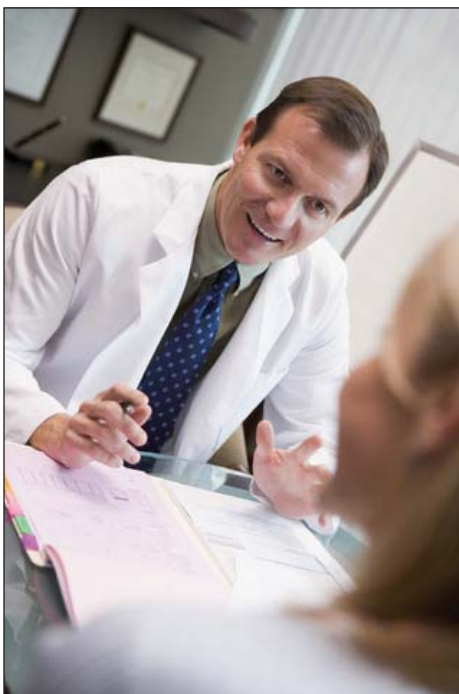
One of the first steps to managing headache pain is to get the right diagnosis, which is often not as simple as it sounds. Since there can be underlying causes of headache, it is important to first rule out these causes. Once secondary causes are ruled out and you have gotten a specific, primary headache diagnosis, you and your doctor can begin to work to manage the pain.

#### Getting Correct Diagnosis

##### The first step to managing your pain

Here are some steps you can take to help in the diagnosis process:

- Make an appointment specifically to talk about your headaches. When you call,



confirm that your physician evaluates and treats patients with headache. If you need help finding a physician, you can try the American Headache Society's [Find a Healthcare Professional](#) site.

- Keep a [headache diary](#). A headache diary consists of tracking when your headache occurred (frequency), how intense it was, anything that might have triggered or relieved it (including medications taken), and when it ended (if it ended).<sup>1</sup> If immediate help is not required, try to keep this diary for about one month prior to your doctor's visit.
- Organize the details of your headache history. For example, be prepared with your family history of headaches (headaches often run in families), past relief efforts you have tried including drug and non-drug efforts, any previous tests you have had (e.g., [CT Scan](#), [MRI](#), [spinal tap](#), blood tests, urine tests, x-rays) and their results, when your headaches first began, as well as the information from your headache diary.
- Consider taking a headache disability assessment quiz, such as [MIDAS](#) or the [HIT-6<sup>2</sup>](#) or another [headache management tool](#).
- Educate yourself as much as possible ahead of time. The

more you know about your headaches, the better equipped you will be to answer questions and help in your treatment and management plan.

- Before you leave the physician's office, make sure you have all of your questions answered. Ask for the following information in writing, or write it down during your visit:
  - "What is my specific headache diagnosis?"
  - What is the treatment plan, including a list of specific medications and lifestyle changes?
  - How often should these medications or treatments be taken (daily or weekly)?
  - How do the medications work, and what should be the expected outcome after taking them?
  - When should I come back for the next office visit?
  - What should I do if the medication is not working or I do not like the medications?
  - What are some signs or symptoms that the medications are not helping?
  - What level of success can I expect from the medications?

By working with your physician and developing an organized strategy to treat your headaches,

you can significantly improve your headache pattern and decrease the impact headaches have on your family and work life. By being prepared for your headache-related office visits, you can make your time spent with your provider much more efficient and increase the chance of success. The time that you invest will reap rich rewards in your overall quality of life.”<sup>2</sup>

## Headache Hygiene

### Self-care for Headache Relief

“Headache hygiene is the practice of taking care of yourself in a way that will reduce the likelihood, frequency, intensity, and severity of headaches.”<sup>3</sup> “Many lifestyle factors influence migraine and other headache conditions. Therefore, taking care of these lifestyle factors may reduce the risk of severe attacks.”<sup>3</sup> “...Migraine [in particular] loves change. So changing the wake-sleep cycle, missing meals, being exposed to stress, even following stress – which has sometimes been called a let-down headache – all of these things may perturb the inner steady state in a person who is prone to have migraines. A particular perturbation might mean a lot for one individual and not much for another, but there are patterns.”<sup>4</sup>

The following lifestyle modifications from the American Headache Society<sup>3, 5</sup> may significantly impact the frequency of headaches for some individuals.

- Maintain regular sleep patterns.



- Go to sleep and wake at the same time each day.
- Don't sleep excessively on the weekends or too little on the weekdays.
- Strive for 7-9 hours of sleep each night (or during the day if you do shift work). See *HealthHints: Sleep – Your health & performance* depends upon it, [Part 1](#) & [Part 2](#), for more information.

- Eat regular meals.

- Low blood sugar can trigger a headache.
- Too much sugar may lead to a rapid increase in blood sugar followed by a rapid decline in blood sugar, which can trigger a headache.
- Do not skip meals. Eat a good, healthy breakfast. Eat regular meals each day including proteins, fruits, vegetables, and carbohydrates.



- Drink plenty of water.
  - Dehydration may cause headache.
  - A normal adult should drink [plenty of water](#) throughout the day.
- Exercise regularly.
  - Aerobic exercise for at least 30 minutes three times a week can help reduce the frequency or severity of migraines.
  - Moderate exercise 3-5 times each week will help reduce stress (the most common trigger for migraine attacks identified by individuals

with migraine<sup>4</sup>) and keep you physically fit.

- Too much exercise or inconsistent patterns of exercise may trigger headache.
- Reduce stress.
  - Stress may lead to an increase in headache and has been identified by individuals with migraine as the most common trigger.<sup>4</sup>
  - Limit stress by avoiding conflict or stressful situations when possible/appropriate.
  - Try to resolve disputes calmly.
  - Take a daily “stress break” to do something you enjoy, or just relax for a few minutes with soft relaxing lights or sounds, music, [deep breathing](#), etc.
  - Stress management through [relaxation techniques](#) or [biofeedback training](#) may be helpful for headache relief. See *HealthHints: Stress – Changing the way we react*.
- Limit caffeine and alcohol.
  - Caffeine is a stimulant, and caffeine withdrawal may cause headaches when blood levels of caffeine taper. “It’s clearly a two-edged sword because a number of prescription and over-the-counter medications for treating acute migraine contain caffeine. So caffeine can play a positive role in some individuals.... Limit... caffeine since overuse may aggravate headaches. If [you] typically do get caffeine at a fairly early time in the morning, as many of us do, usually via coffee or some other drink, then try to keep it on the same schedule each day. That might be helpful in

## Potential Headache Triggers<sup>3, 4, 5, 6, 7, 8, 9, 10</sup>

Categories	Triggers	Examples
<b>Dietary</b>	Food items  Skipping meals/fasting  Dehydration	Alcohol (especially beer & red wine) Aspartame Caffeine ( <a href="#">too little or too much</a> ) Monosodium glutamate (MSG, a flavor enhancer found in a many Asian foods as well as a wide variety of processed foods) Nitrates (preservatives found in many processed meats like bacon, hot dogs, pepperoni, and salami) Salty foods Tyramine (found in aged cheese, some beans, chicken livers, chocolate, figs, sour cream, smoked fish, soy sauce, vinegar, and yogurt) Other foods: avocado, banana, citrus, dairy products, fermented or pickled foods, nuts, onions, peanut butter
<b>Physiological/ Physical</b>	Injuries  Overexertion/intense physical exertion  Change in sleep patterns  Hormonal changes (estrogen level changes, rapid changes in estrogen levels)  <a href="#">Eyestrain</a> or other visual triggers	Head trauma  Exercising when out of shape or in heat Excessive exercise Sexual activity  Napping Oversleeping Too little sleep/fatigue/sleep deprivation  Menstruation Hormone replacement therapies Birth control pills Menopause  Reading in dim light Extended reading or driving sessions Needed or outdated prescription for contacts or glasses
<b>Environmental</b>	Weather and other environmental changes  Bright or changing lights  Loud noises  Odors/pollution	Extreme heat or cold; change in season, altitude level, or barometric pressure  Sun without eye shades/sun glare Flashing lights or screens  Perfumes, flowers, chemicals, smog, smoking or exposure to smoke
<b>Stress</b>	Work  Home  Family  Everyday irritants	Unrealistic timelines  Financial issues  Job-career changes/moving Marriage/childbirth Death/loss/divorce  Sitting in traffic, searching for lost papers, tolerating annoyances at work
<b>Stress Let-down</b>	Discontinuation of work	Weekends Vacation Ending a project or stressful task (such as a presentation)
<b>Medication</b>	Drugs  Missed dose(s) or overuse	Nitroglycerine  Missed medication Medication overuse ( <a href="#">rebound headache</a> )

reducing the likelihood of a headache.”<sup>4</sup>

- o Alcohol may also be a trigger for headache, while alcohol **in moderation** may reduce the number of headaches.

## Trigger Avoidance

### Avoiding factors that increase your risk for headache

Triggers are specific factors that may increase your risk of having a headache, particularly migraines. “Triggers do not ‘cause’ migraine. Instead, they are thought to activate processes that cause migraine in people who are prone to the condition. A certain trigger will not induce a migraine in every person; in a single migraine sufferer, a trigger may not cause a migraine every time.”<sup>3</sup> This can also be true for other types of headache. By keeping a [headache diary](#), you will be able to identify some triggers for your particular headaches. Once you have identified triggers, it will be easier for you to avoid them and reduce your chances of having a headache attack.<sup>3</sup>

## Treatment with Medication

### What are the options?

Medication treatment options fall into two broad categories:

- **Pain-relieving medications** (also known as acute or abortive treatment) are taken to stop the pain as soon as possible after a headache begins.<sup>11</sup>
- **Preventive medications** are taken regularly, often on a daily basis, to reduce the severity and frequency of headaches.<sup>9</sup>

This document is meant for educational purposes only and is not intended to replace the advice of your doctor or other health care provider.



Choosing a drug strategy to manage your headaches depends on the frequency and severity

of your headaches. For those who need medication no more than 10 days a month, pain-relieving drugs may be effective; while, for those who experience headache more often or with great severity, preventive drugs may be a better choice.<sup>9, 11, 12</sup> Other medical conditions will also be taken into account as well as medications that have or have not worked for you in the past.<sup>11</sup>

Over-the-counter (OTC) pain medications, such as acetaminophen, ibuprofen, naproxen, or aspirin taken at the first sign of headache may be helpful. (Note: Never give aspirin to children because of the risk for a condition known as Reye’s Syndrome.) These pain relievers are classified as non-steroidal anti-inflammatory drugs (NSAIDs) and help by blocking the action of chemical messengers that cause pain.<sup>11</sup> [Read the label on OTC products](#) to be sure you are making the best choice for your particular headache. Understanding the active ingredient, form (e.g., tablet, liquigel, suspension, etc.), and other terminology (e.g. extra-strength, time-released, etc.) can help you make a wise choice.



If OTC products do not control pain, other pain-relieving medications may be prescribed, including drugs known as triptans, ergots, butalbital combinations, opiates, corticosteroids, and anti-nausea drugs.<sup>11</sup> See some of the options [here](#), along with their pros and cons [here](#).

Specific prevention strategies vary, depending on which type of headache you have. If preventive drug therapy is prescribed, your doctor may recommend antidepressants, beta blockers, anti-seizure medications, injection methods, or others.<sup>12</sup> See a description of some of the options for preventive treatment [here](#), along with their pros and cons [here](#).

For more on specific medications, you can read the [medications topic sheets](#) from the National Headache Foundation.

Medications combined with healthy lifestyle and trigger avoidance strategies can be a positive treatment plan for primary headache pain. For more ideas on easing the pain, see [What else can I do to ease the pain of primary headache?](#)

To view the references used in this newsletter, go to:  
<http://fcs.tamu.edu/health/healthhints/2009/jun/ref.php>

## What Else Can I Do to Ease the Pain of Primary Headache?

### Tension-type headache

“Besides taking medicine, other things you can do to ease the pain of a tension-type headache include the following:

- Put a heat pack or an ice pack on your head or neck.
- Take a hot shower.
- Get enough rest or sleep.
- Take time away from things that are stressful. This could mean doing anything from taking a brief walk to going on a long vacation.
- Get regular exercise of all types. Work up to exercising for 30-60 minutes, 4-6 times a week.”<sup>1</sup>



### Migraine headache

When migraine headache pain strikes, try the following:

- Lie down in a dark, quiet room.
- Put a cold compress or rag over your forehead.
- Massage your scalp, using a lot of pressure.
- Put pressure on your temples.<sup>2</sup>

### Cluster headache

To help prevent headaches once a cluster period has started:

- Keep to your usual routine; remain calm, and avoid changing your sleep pattern. Once a cluster period has started, a change in sleep pattern – particularly taking an afternoon nap – seems to bring on the headaches.<sup>3</sup>
- Avoid alcohol. Drinking alcohol can bring on headaches during cluster periods, and it happens

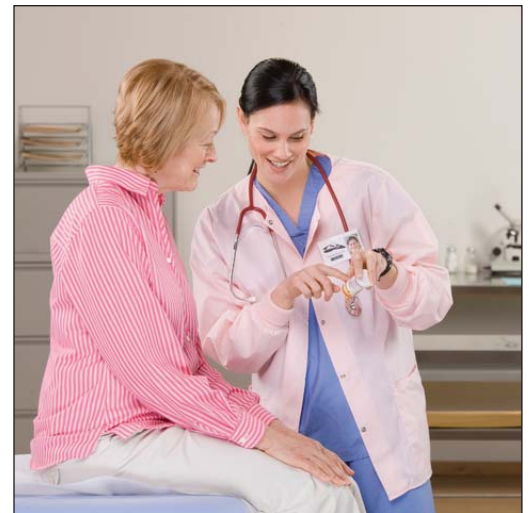
very quickly – before you finish the first drink. Alcohol should be completely avoided until the cluster period is over.<sup>3</sup>

- [Reduce stress](#) as much as possible. Stress may bring on attacks, and the headaches may start when you are relaxing after a stressful time.
- Be prepared with medication. “Medicines taken by mouth work too slowly to give relief for cluster headaches. For this reason, your doctor may prescribe a medicine that is taken by inhaler, as an injection (a ‘shot’), or as a rectal suppository. Other treatments that work for some people are rapidly breathing pure oxygen through a mask or using a local anesthetic (numbing medicine) in their nose.”<sup>3</sup>

“Your doctor will probably prescribe two medicines. One medicine is taken regularly during a cluster period to reduce the number of headaches. For the medicine to work, the level of the drug in your blood must be high at the time your attacks usually start. The second medicine is taken to

relieve the pain when a cluster headache occurs. Attacks begin too quickly for you to reach medical help. You must be ready to

take this medicine as soon as an attack begins. You may want to teach family members about your headaches and medicines so that they will be able to help you when you have an attack.”<sup>3</sup>



**Source:**

1. American Academy of Family Physicians (2007). Tension headaches [on-line]. Retrieved April 16, 2009. From <http://familydoctor.org/online/famdocen/home/common/brain/disorders/172.html>.
2. American Academy of Family Physicians (2007). Migraine headaches: Ways to deal with the pain [on-line]. Retrieved April 16, 2009. From <http://familydoctor.org/online/famdocen/home/common/brain/disorders/127.html>.
3. American Academy of Family Physicians (2006). Cluster headaches [on-line]. Retrieved April 16, 2009. From <http://familydoctor.org/online/famdocen/home/common/brain/disorders/035.html>.