

## Focus on Headaches

When is a headache just a headache, and when is it a sign of something more serious?

Headaches are commonplace, affecting virtually everyone at one time or another. So are the questions surrounding them, including when to seek treatment and what tests should be run.

Anytime you experience a headache that isn't "normal" for you – whether it's more severe, more frequent or causing concern about underlying health issues – that's your trigger to schedule an appointment with a primary care physician.

### What Kind of Headache Is It?

#### Tension headaches

The vast majority of those who have headaches uncomfortable enough to send them to the doctor have tension headaches.

Tension headaches typically start at the base of the neck and move up over the top of the head, causing a dull, steady ache. The pain may feel like a tight band or vice around your head. It affects both sides of the head, with the most intense pain over the eyebrows. Tension headaches tend to occur sporadically and are usually not disabling.

They are likely caused by tight, contracted muscles in your shoulders, neck, scalp and jaw due to physical or emotional stress.

#### Migraine headaches

The next most common type of headache is the migraine. Migraines are severe headaches that usually occur with other symptoms such as nausea or visual disturbances, known as "auras." The pain

is described as throbbing, pounding, or pulsating. It tends to begin on one side of the head, but may spread to both sides. The pain may be aggravated by light and sound and usually gets worse if you move around.

#### Other rare causes of headaches

A very small percentage of patients have other types of headaches, including:

- **Medication overuse or "rebound" headaches.** Regular daily use or overuse of over-the-counter pain medications can result in a puzzling cycle known as "rebound headaches," where the medication actually begins causing chronic daily headaches. In most cases, rebound headaches improve when the medication is stopped.
- **Cluster headaches.** These sharp, excruciatingly painful headaches come in "clusters," occurring several times a day for months and then going away for a similar period. Cluster headaches often awake patients at night. Unlike migraines, patients with cluster headaches tend to be restless, moving around to try and get relief. Episodes tend to last from 30 minutes up to four hours. The pain is typically located around or behind one eye, and may have other abnormalities associated with it on the same side, such as a congested or runny nose, a red, watery eye, or flushed face.
- **Temporal arteritis.** This inflammatory condition of the arteries is found in patients over the age of 50 and can lead to blindness if untreated, as blood flow is shut off to the eye. The warning signs include a one-sided headache that is different from any other previous headache, or a first-time headache.

- **“Secondary” headaches.** These are headaches associated with an underlying condition or injury, such as a tumor, aneurysm, infection, inflammation, or head trauma. These serious causes of headaches are extremely rare.

### **Keep a Headache Diary**

In many cases, a headache diagnosis will be based almost entirely on the information the patient provides about the pattern of the headache, symptoms, and possible triggers. Therefore the most important thing a patient can do in preparing to see their physician is to keep a headache diary.

Be prepared to answer the following questions:

- How often does the headache occur, what time of day, and how long does it last?
- Is this your “first or worst” headache?
- How bad is the pain on a scale from 1 to 10?
- How is this headache different from headaches you’ve had before?
- What symptoms do you have before the headache starts? During?
- Does it start gradually or suddenly?
- Where is the pain located? Is it on one side or both?
- What is the pain like?
- What medications are you using, how often, and what dosage?
- What did you eat during the 24 hours before your headache?
- How long did you sleep the night before?

### **Is it a Migraine?**

Being able to describe the type of pain is extremely important in differentiating between migraine headaches, which typically cause a throbbing pain on one side, and tension headaches, which are associated with a tightness or pressure on both sides.

Similarly, a key differentiator between migraines and cluster headaches is duration. Cluster headaches last anywhere from 30 minutes to less than 4 hours. Migraines almost always last for more than 4 hours.

If the diagnosis is a migraine, a headache diary can be very helpful in identifying possible triggers – such as chocolate, certain cheeses, smoking, alcohol, or caffeine. In some cases, avoiding those triggers may be all that is required to avoid the headache.

### **What to Expect During Your Visit**

The visit with your primary care physician will typically include:

- A detailed patient history, often the primary tool used to diagnose your headache
- A physical exam, including the jaw, head, eyes, ears, nose, and throat
- A neurological exam to test your reflexes, balance, strength, muscle tone, and cranial nerves
- Palpation, feeling the neck and cranium to see if there are trigger points or tender places that could be causing the headache, such as the temporal artery (side of the forehead just above the eye)

Blood tests may also be ordered to rule out infection or inflammation.

### **Why Didn’t My Doctor Do an MRI or CT scan?**

The majority of headache patients can be diagnosed based on patient history and a physical exam – an MRI (magnetic resonance imaging) or CT scan (computed tomography) is not necessary.

Some warning signs that might indicate the need for more diagnostic tests or the need to see a specialist include:

- Systemic symptoms such as fever or a change in mental status
- Neurological symptoms such as numbness or weakness on one side or another, blindness in one eye, a change in the back of the eye, or altered states of consciousness
- Recent or sudden onset of the headache
- Onset after the age of 40; most chronic headaches establish their pattern in the late teens and 20s

### **Common Treatments**

Tension headaches are generally treated through periodic use of over-the-counter medications, no more than twice a week. To help prevent the headaches, focus on lifestyle changes that can help reduce the effects of stress and tension on the body, such as more sleep, increased exercise, and a healthy diet. Some patients also benefit from alternative therapies such as massage, meditation, and biofeedback.

There are two strategies for migraine headaches. Suppression medication is the recommended approach for patients suffering from frequent migraines – more than one a week. The most common suppression medications are beta-blockers, originally used for blood pressure control. Beta-blockers must be taken daily but have been proven very effective in reducing the frequency of migraines. Other suppression medications used include antidepressants and calcium channel blockers.

For those who experience migraines less frequently, there are several prescription drugs available that can be taken at the first sign of the headache to stop the migraine.

Finally, anti-seizure medications are also available for the suppression of migraines and other severe headaches, when taken on a daily basis.

### **Prevention is Possible**

The following healthy habits can lower your stress levels, promote a general sense of well-being, and reduce the likelihood of developing headaches:

- Get adequate sleep
- Exercise regularly
- Eat healthy
- Stretch regularly
- Maintain good posture
- Quit smoking
- Drink plenty of fluids
- Limit alcohol
- Practice relaxation techniques such as meditation, deep breathing, or yoga

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*Sources: Jeffrey R. Steinbauer, MD, Professor of Family and Community Medicine, Baylor College of Medicine, and Medical Director, Baylor Clinic*