



Headache

A Headache is defined as a pain in the head or upper neck. It is one of the most common locations of pain in the body and has many causes

There are three major categories of headaches:

1-primary headaches, include migraine, tension, and cluster headaches, as well as a variety of other less common types of headache.

2-secondary headaches, Secondary headaches are those that are due to an underlying structural problem in the head or neck. There are numerous causes of this type of headache ranging from bleeding in the brain, tumor, or [meningitis and encephalitis](#)

Symptoms that Suggest a Serious Underlying Disorder

1-First severe headache

2-Known systemic illness

3- worsening over days or weeks

4-Onset after age 55

5-Abnormal neurologic examination.

6-Pain associated with local tenderness

-∨ Fever or unexplained systemic signs

-^Vomiting that precedes headache

-∩Pain induced by bending, lifting, cough

10-Pain that disturbs sleep or presents more severe at morning

Tension headaches

are the most common type of primary headache. Up to 90% of adults have had or will have tension headaches. Tension headaches occur more commonly among women than men

-T.H commonly used to describe a chronic head-pain syndrome characterized by bilateral tight, bandlike discomfort. The pain typically builds slowly, fluctuates in severity, and may persist more or less continuously for many days. The headache may be episodic or chronic (present >15 days per month...completely without accompanying features such as nausea, vomiting, photophobia, phonophobia, osmophobia, throbbing, and aggravation with movement.

managed with simple analgesics such as acetaminophen, aspirin, or NSAIDs. Behavioral approaches including relaxation can also be effective.....amitriptyline

-

..(. •

chronic

Frequency •
often daily

mild-moderate
pressure, tightness

Pain •

30 mins - 7 days

Duration •

both sides
whole head and neck

Location •

no light / sound sensitivity
no aura

Symptoms •

Clinical characteristics of tension-type headache

Stress/upset



Pain

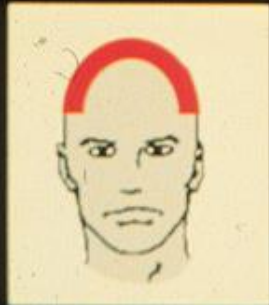
± anxiety/depression

* Acute: Pain < 15 days/month

* Chronic: Pain for months

Site

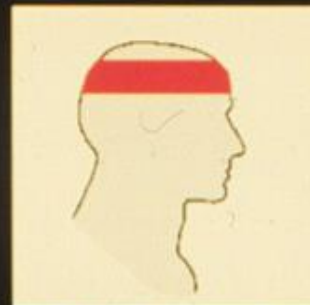
Characteristics



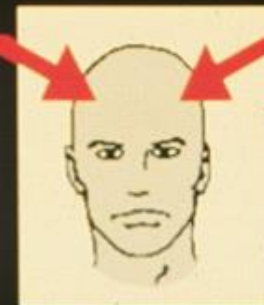
Bilateral



Nuchal



Hatband



Pressure



Aching

Typical patient : any

Migraine headaches

- are the second most common type of primary headache. An estimated 28 million people in the United States (about **12%** of the population) will experience a migraine headache. Migraine headaches affect children as well as adults
- after puberty, more **women than men** are affected. It is estimated that 6% of men and up to 18% of women will experience a migraine headache in their lifetime
- Repeated attacks of headache lasting 4–72 h in patients with a normal physical examination,

At least 2 of the following features	Plus at least 1 of the following features
Unilateral pain	Nausea/vomiting
Throbbing pain	Photophobia and phonophobia
Aggravation by movement	
Moderate or severe intensity	

Management

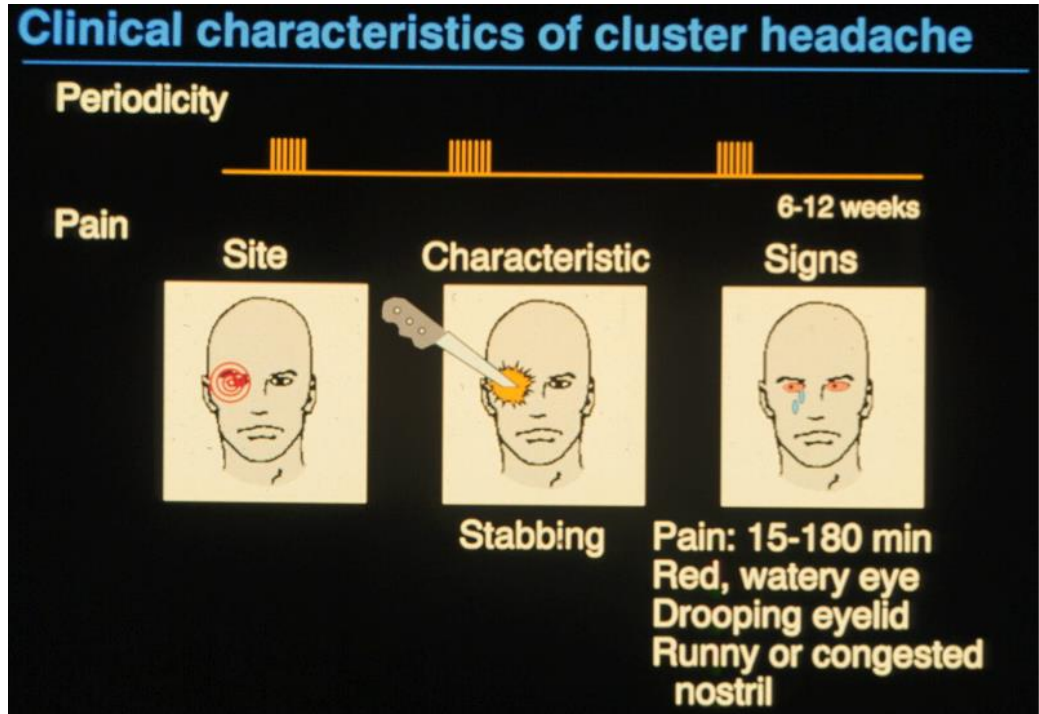
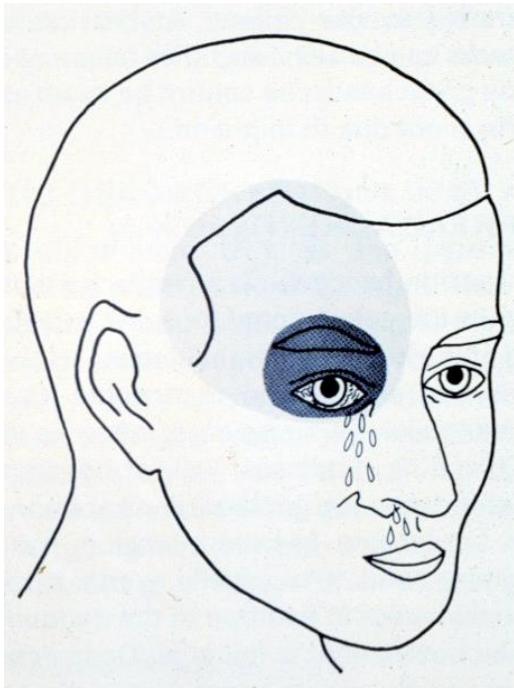
- *** Identification and avoidance** of precipitants or exacerbating factors (such as the contraceptive pill), stress, insufficient sleep, trauma, change in weather, infection, strong odors, physical exertion and cold stimuli like ice

- *** Treatment of an acute attack** consists of simple analgesia with aspirin or paracetamol, often combined with an antiemetic such as metoclopramide or domperidone. Long-term use of codeine-containing analgesic preparations should be avoided. *** Severe attacks** can be treated with one of the 'triptans' (e.g. sumatriptan), 5-HT agonists that are potent vasoconstrictors of the extracranial arteries. These can be administered orally, sublingually, by subcutaneous injection or by nasal spray. Ergotamine preparations should be avoided since they easily lead to dependence. This is less likely to happen with the triptans, but it can occur. If attacks are frequent, they can often be *** prevented** with propranolol (80-160 mg daily, in a sustained-release preparation), a tricyclic such as amitriptyline (10-50 mg at night) or sodium valproate (300-600 mg/day), or pizotifen (1.5-3.0 mg daily).

CLUSTER HEADACHE

This is some 10-50 times less common than migraine. (•
There is a 5:1 predominance of males and onset is usually in the third decade. The characteristic syndrome comprises periodic, severe, unilateral periorbital pain accompanied by unilateral lacrimation, nasal congestion and conjunctival injection, often with the other features of Horner's syndrome. The pain, whilst being very severe, is characteristically brief (30-90 minutes). Typically, the patient develops these symptoms at a particular time of day (often in the early hours of the morning). The syndrome may occur repeatedly for a number of weeks, followed by a respite for a number of months before another cluster occurs

Cluster Headache



Clinical features

- Unilateral – 100% •
- Restlessness – 93% •
- Retroorbital – 92%, (temporal – 70%) •
- Lacrimation – 91% •
- Conjunctival injections – 77% •
- Nasal congestion/rhinorrhea – 75% •
- Ptosis/eyelid swelling – 74% •
- Phonophobia/phophobia – 50% •

Management •

Acute attacks are usually halted by subcutaneous • injections of **sumatriptan** or by inhalation of **100% oxygen**; other migraine therapies are ineffective, probably because of the brevity of the individual attacks.

Preventative therapy with the agents used for migraine is often ineffective but attacks can be prevented in some patients by **verapamil (80-120 mg 8-hourly)**, **methysergide (4-10 mg daily, for a maximum of 3 months only)** or short courses of **corticosteroids**. Patients with severe and debilitating clusters can be helped with **lithium therapy**, although the usual precautions . concerning the use of this drug should be observed

Treatment

Acute •

Subcutaneous triptans –

74% effective within 15 min •

Nasal may be effective •

Zolmitriptan 10 mg po – 60% response within 30 •
min

Oxygen –

Treatment

Prophylactic – •

Verapamil 80-120 tid –

Other effective therapy •

Prednisone –

Bridge to verapamil •

Tapered over 3 week •

Lithium –

Sodium valproate –

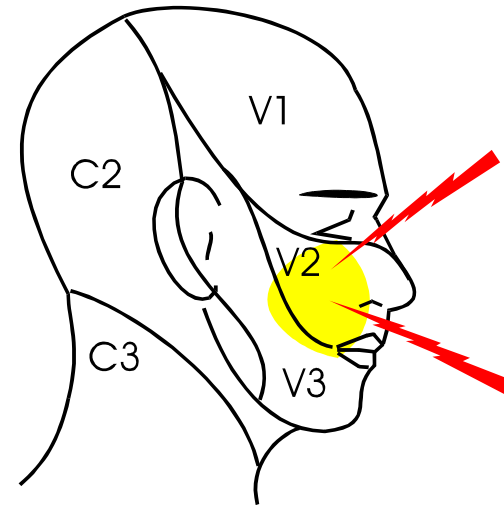
Methysergide –

HEADACHE OF RAISED INTRACRANIAL PRESSURE

- 1-Worse in morning, improves through the day •
- 2-Associated with morning vomiting •
- 3-Worse bending forward •
- 4-Worse with cough and straining •
- 5-associated with brady cardia •
- 6-may associated with abnormal focal neurological sign •

Trigeminal Neuralgia

- VERY short (<1 sec) severe pain
- Knife-like
- Local triggering : eating etc



Typical patient : middle aged / elderly woman