



## Advice for the Headache Patient

Headaches are usually an inherited illness involving differences in the brain, particularly in the amount of a compound, serotonin, which is found in the brain and bloodstream. Headache sufferers produce too little serotonin. Although headaches MAY be increased by “stress” or depression; THEY ARE NOT A PSYCHOLOGICAL PROBLEM.

There are basically two types of recurring headaches: migraine (vascular) and tension (muscle-contraction), with both types being viewed as an illness involving the brain and bloodstream.

**Migraines** frequently recur on a regular schedule once or twice a month, but can occur as often as three times a week. The pain can be anywhere on or within the head, and is usually pounding or throbbing. The head pain may be preceded by “sprinkles” or flashing lights, and is sometimes accompanied by other symptoms, such as nausea, light sensitivity, numbness, dizziness, or difficulty thinking clearly. Headaches that occur with the menstrual period in women, with red wine, MSG, or chocolate, or with weather changes, are usually migraine. People with migraines often have cold hands and feet, are sensitive to bright or fluorescent light, and had motion sickness as children.

**Tension headaches** are usually described as a dull ache in the back of the head, over the ears, in the forehead, or a tight band around the head. Neck pain is common, and increases with long hours at a desk or computer. Many people have a mixture of the two types of headaches, having daily low-grade headaches, with more severe migraine headaches occurring regularly. Research has suggested that tension headaches may simply represent a “lower level”, or milder, migraine. Like migraine, tension headaches tend to be an inherited, inborn illness, *made worse* with stress but not truly caused by stress.

Other medical problems, such as brain tumors, are rare in people with headache, but need to be considered.

### How To Prevent Headaches

Headaches are like any other physical illness, such as asthma or diabetes. They are not curable and are controlled best with medication. However, for some people, following the headache diet and paying attention to prevention techniques can be very helpful.

**Headache Diet:** There is a substance in many foods that can trigger headaches. The worst foods are MSG (also called “hydrolyzed vegetable protein” or “natural flavorings”), red wine, beer, and chocolate. Aged cheeses (cheddar, blue, Roquefort, Parmesan) and aged meats (hot dogs, pepperoni, salami) may also trigger migraines. Overuse of caffeine (more than three cups of coffee or five Cokes per day) may trigger “rebound” headaches. However, caffeine in small amounts actually helps headaches, which is the reason why caffeine is an ingredient in Anacin and Excedrin. People are occasionally sensitive to Nutrasweet, sugar, onions, soy, fermented foods, and citrus fruits. Some patients are not sensitive to any of the foods listed.

**Trigger Factors for Headaches:** Many headache patients are sensitive to some of the following: *stress, after stress is over, cigarette smoke, weather changes, missing a meal, menstrual or pre-menstrual days, or hormone changes* such as with the birth control pill or during menopause (migraines are usually decreased during pregnancy), *bright light, flying or high altitude, exercise* (certain types, particularly in hot weather), *undersleeping, oversleeping, and perfumes*. Being aware of these factors is important. By wearing sunglasses, following the headache diet, and eating regularly, some patients are able to decrease their headaches. Going to bed and arising at the same time often helps particularly in those who have “weekend” migraines from the “let down” after stress. It is useful to keep a “headache calendar” with date, severity of headache, precipitating factor (if any), and medications taken.

**Activities:** Exercise helps some people with their headaches. Many patients with daily headaches have associated neck pain from increased tension in the neck muscles. For neck pain, improving posture and keeping the neck relatively straight and relaxed at work may be helpful. If you work long hours at a desk, it often helps to raise the level of the desk so that the neck is not bent forward. Heat, massage, stretching exercises, and home cervical traction are occasionally helpful. Learn to relax your jaw muscles and your eyes, as well as your neck and shoulder muscles. Do not carry heavy items on your shoulders, such as a heavy purse.

## **Non-Medicine Treatment**

*Ice (cold packs)* can be effective when applied directly to the pain. Because many headache patients are extremely sensitive to light and noise, lying down in a *dark room* often helps. *Biofeedback*, a way of learning how to relax the muscles of the head, can be very helpful. For some people, biofeedback helps if used on a daily basis to prevent headaches, or it can be used to ease the muscle tension when a headache does occur. It is easy to learn. Biofeedback is more effective in younger people, particularly in children and adolescents. *Physical therapy* may help pain in the neck and back of the head, but generally is disappointing in the long term.

## **Medication**

There is no magic medication which works for everyone’s headaches. There are many medications available to either help decrease the frequency or severity of headaches (“preventive”) or to abort or ease the pain when headaches occur (“abortive” or “as needed”). People who have almost daily headaches that are more than mild, or those with greater than four to five severe headaches per month usually do well with daily prevention medication. If headaches are prevented, rather than “chased” all day long, much less medication is required overall.

**“As Needed” Medication:** These medications are most effective when taken as early as possible in the course of a headache. Over-the-counter medications, such as Anacin (aspirin and caffeine) and Excedrin (aspirin, acetaminophen, and caffeine), are effective in stopping some headaches, usually by taking two pills every three to four hours as needed. These may cause stomach pain or upset. For people with stomach problems (such as ulcers), Aspirin-Free Excedrin is a useful product. However, overuse of these medications may lead to “rebound” headaches (those caused by the medication). Caffeine helps in small amounts. Too much caffeine (more than three of four Anacin or Excedrin per day) causes rebound headaches. Ibuprofen (Advil or Nuprin) works well for many people, and is available in liquid form (by prescription only) for children. Acetaminophen (Tylenol) is ineffective for most people. Occasionally, taking one to four aspirin or ibuprofen per day will prevent headaches. In children and adolescents (until the age of 21), Aspirin-Free Excedrin, acetaminophen, and ibuprofen are used in place of aspirin due to the danger of Reye’s Syndrome. The “as needed” medications available by prescription include Fiorinal, Esgic, Midrin, non-steroidal anti-inflammatories (Anaprox, Naprosyn, etc), and the ergotamines. Your physician can provide you with information on these

medications. Emergency room treatment of severe headaches involves a number of approaches, including DHE-45 or Compazine, an injection of Toradol, narcotic or cortisone injections, and the new medication sumatriptan (Imigran).

**Preventive Medications:** Most people with severe headaches do better with a daily preventive medication. Ninety percent of patients obtain significant relief from their headaches. The goal of this medication is to decrease the headaches by 70-100% and to decrease or eliminate “as needed” medications. These preventive medications are all available by prescription only. Prevention medication must be used for *at least* three weeks in order to build up to an effective working level. Examples of prevention medications are as follows: Inderal, Elevel, Osption, Naprosyn, Ansaid, Depakote, Sansert, and Corgard. These do not work for every person, but usually will significantly decrease the number or severity of headaches.

**If you have recurring headaches, please discuss this matter with your physician, or call Dr. Anne Remmes or Dr. Lawrence Robbins at the Robbins Headache Clinic (847) 480-9399. This advice sheet was produced by the Robbins Headache Clinic and supported by the American Headache Association.**

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