

ASSESSMENT AND TREATMENT OF CHRONIC HEADACHE



Almost everyone has experienced a headache sometime in their life. It is estimated that about 80% of the entire U.S. population has experienced headaches. This makes the "Headache" one of the most common pain syndromes.

TYPES OF HEADACHES:

Vascular Headaches-Migraine Type

These types of headaches are described as recurrent and vary in intensity, frequency and duration. Migraine is a French word that means one-sided headache. The classic migraine is a vascular headache that is preceded by an "aura". An "aura" is a transient visual or motor prodrome. The attacks are commonly unilateral and associated with anorexia, nausea, and vomiting. Migraines are more common in the female population and has a familial history.

Migraine headaches are usually brought about by a variety of stressful situations. Another triggering factor is change in hormonal levels as in menstruating females or changes in blood sugar as in hypoglycemia. Certain foods as alcohol, chocolate, nuts, or aged cheese can precipitate an attack. Physical stimuli such as a stuffy room or bright lights can also be triggers. The typical personality is compulsive, ambitious, and emphasis on perfection.

Medications used for Migraine headaches include nonsteroidal anti-inflammatory drugs, Ergotamine, Methysergide, Lithium, beta-blockers, tricyclic antidepressants, muscle relaxants, and calcium channel-blockers. Biofeedback and relaxation therapy has also been helpful.

Muscle-Tension Contraction Headaches

This type of headache is usually described as a nonpulsatile, tightness in the suboccipital regions bilaterally. It is commonly caused by sustained contraction of the skeletal musculature. This headache is related to both physical and emotional stress, and is typically worse in the afternoon.

Treatment for this type of headache includes muscle relaxants, antidepressants, beta blockers, and nerve block procedures to relax the musculature.

Mixed (Combined) Headaches

This type of headache exists when both vascular and muscular symptoms coexist. Typically is a constant bilateral or unilateral headache of severe intensity, lasting for 2-3 days. This type of headache has both physical and emotional elements of a Migraine and Muscular headache. Treatment is the same as for both prior types of headache.

Cluster Headaches

Cluster type headaches are usually brought about by consumption of alcoholic beverages, injection of histamine or taking of nitroglycerin. The headache is described as excruciating in intensity, located behind or around one eye and spreading throughout the affected side. Cluster headaches have a pattern of remission periods. The onset occurs in the late third or early fourth decade and does not appear to run in families. The attacks generally occur 90 minutes after the patient falls asleep and is often related to changes in sleep patterns. Associated symptoms include tearing, nasal congestion, rhinorrhea, flushing of the affected side of the face, and Horner's syndrome.

The headaches usually occur at night for a few hours, but occur every 24 hours during the cluster period. Cluster headaches have lasted anywhere from a few weeks to several months. Males between 20-30 years of age are more affected. There is a 5:1 increase of Cluster headaches in males.

Management of Cluster headaches starts with elimination of alcohol and mid-day napping. Smoking is also prohibited. Medications include ergot alkaloids, Methysergide, prednisone, lithium, verapamil, Botox injections, and 100% oxygen.

Inflammatory or Traction Headaches

This type of headache is brought upon by either an inflammatory infection such as meningitis or a sinus infection; or by traction caused by an intracranial mass. **Treatment** is related to a cure of the underlying cause.

Use of Botox blocks for Migraine-Tension Headaches

Botox injections have been shown to reduce the frequency and maximal severity of migraine headaches, as well as migraine-associated vomiting and the number of days acute migraine medication is needed. The mechanism of action of botulinum toxin type A in relieving headache is not fully understood. Most investigators believe that its the toxin's ability to decrease muscle tone by inhibiting the release of acetylcholine at the neuromuscular junction. In addition there is growing evidence that it also inhibits exocytosis of other neurotransmitters and neurally active substances.