

Headache

Definition

A headache is pain or discomfort in the head, scalp, or neck. Serious causes of headaches are extremely rare. Most people with headaches can feel much better by making lifestyle changes, learning ways to relax, and occasionally by taking medications.

See also:

- Cluster headache
- Migraine
- Tension headache

Alternative Names

Pain - head

Causes

The most common headaches are probably caused by tight, contracted muscles in your shoulders, neck, scalp, and jaw. These are called tension headaches. They are often related to stress, depression, or anxiety. Overworking, not getting enough sleep, missing meals, and using alcohol or street drugs can make you more susceptible to them. Headaches can be triggered by chocolate, cheese, and monosodium glutamate (MSG). People who drink caffeine can have headaches when they don't get their usual daily amount.

Other common causes include:

- Holding your head in one position for a long time, like at a computer, microscope, or typewriter
- Poor sleep position
- Overexerting yourself
- Clenching or grinding your teeth

Tension headaches tend to be on both sides of your head. They often start at the back of your head and spread forward. The pain may feel dull or squeezing, like a tight band or vice. Your shoulders, neck, or jaw may feel tight and sore. The pain is usually persistent, but does not get worse with activity.

Migraine headaches are severe headaches that usually occur with other symptoms such as visual disturbances or nausea. The pain may be described as throbbing, pounding, or pulsating. It tends to begin on one side of your head, although it may spread to both sides. You may have an "aura" (a group of warning symptoms that start before your headache). The pain usually gets worse as you try to move around. For more information on this type of headache, see: migraine.

Other types of headaches:

- Cluster headaches are sharp, extremely painful headaches that tend to occur several times per day for months and then go away for a similar period. They are far less common.
- Sinus headaches cause pain in the front of your head and face. They are due to inflammation in the sinus passages that lie behind the cheeks, nose, and eyes. The pain tends to be worse when you bend forward and when you first wake up in the morning. Postnasal drip, sore throat, and nasal discharge usually occur with these headaches.

Headaches may occur if you have a cold, the flu, fever, or premenstrual syndrome.

If you are over age 50 and are experiencing headaches for the first time, a condition called temporal arteritis may prove to be the cause. Symptoms of this condition include impaired vision and pain aggravated by chewing. There is a risk of becoming blind with this condition. Therefore, it must be treated by your doctor right away.

Rare causes of headache include:

- Brain aneurysm -- a weakening of the wall of a blood vessel that can rupture and bleed into the brain
- Brain tumor
- Stroke or TIA
- Brain infection like meningitis or encephalitis

Home Care

Keep a headache diary to help identify the source or trigger of your symptoms. Then modify your environment or habits to avoid future headaches. When a headache occurs, write down the date and time the headache began, what you ate for the past 24 hours, how long you slept the night before, what you were doing and thinking about just before the headache started, any stress in your life, how long the headache lasts, and what you did to make it stop. After a period of time, you may begin to see a pattern.

A headache may be relieved by resting with your eyes closed and head supported. Relaxation techniques can help. A massage or heat applied to the back of the upper neck can be effective in relieving tension headaches.

Try acetaminophen, aspirin, or ibuprofen for tension headaches. Do NOT give aspirin to children because of the risk of Reye syndrome.

Migraine headaches may respond to aspirin, naproxen, or combination migraine medications.

If over-the-counter remedies do not control your pain, talk to your doctor about possible prescription medications.

Prescription medications used for migraine headaches include ergotamine, dihydroergotamine, ergotamine with caffeine (Cafegot), isometheptene (Midrin), and triptans like sumatriptan (Imitrex), rizatriptan (Maxalt), eletriptan (Relpax), almotriptan (Axert), and zolmitriptan (Zomig). Sometimes medications to relieve nausea and vomiting are helpful for other migraine symptoms.

If you get headaches often, your doctor may prescribe medication to prevent headaches before they occur. Examples of these include:

- Antidepressants such as nortriptyline (Pamelor), amitriptyline (Elavil), fluoxetine (Prozac, Sarafem), sertraline (Zoloft), or paroxetine (Paxil) for tension or migraine headache
- Beta blockers such as propranolol (Inderal) for frequent migraine headaches
- Calcium channel blockers such as verapamil for frequent migraine headaches
- Anti-epileptic medicines such as topiramate (Topamax)

If you are using pain medications more than 2 days a week, you may be having headaches due to overuse or misuse of your medication. Medication overuse headaches, or rebound headaches, are caused by a cycle of using pain medications for short-term relief, followed by the headache pain returning for increasingly longer periods of time despite taking more pain medications.

All types of pain pills (including over-the-counter drugs), muscle relaxants, some decongestants, and caffeine can cause this pattern. If you think this may be a problem for you, talk to your health care provider.

When to Contact a Medical Professional

Take the following symptoms seriously. If you cannot see your health care provider immediately, go to the emergency room or call 911 if:

- This is the first headache you have ever had in your life and it interferes with your daily activities
- Your headache comes on suddenly and is explosive or violent
- You would describe your headache as "your worst ever" even if you are prone to headaches
- Your headache is associated with slurred speech, change in vision, problems moving your arms or legs, loss of balance, confusion, or memory loss
- Your headache gets progressively worse over a 24-hour period
- Your headache is accompanied by fever, stiff neck, nausea, and vomiting
- Your headache occurs with a head injury
- Your headache is severe and localized to one eye with redness in that eye
- You are over age 50 and your headaches just began, especially with impaired vision and pain while chewing

See your provider soon if:

- Your headaches wake you up from sleep
- A headache lasts more than a few days
- Headaches are worse in the morning
- You have a history of headaches but they have changed in pattern or intensity
- You have headaches frequently, and there is no known cause

What to Expect at Your Office Visit

Your health care provider will obtain your medical history and will perform an examination of your head, eyes, ears, nose, throat, neck, and nervous system.

The diagnosis is usually based on your history of symptoms. A "headache diary" may be helpful for recording information about headaches over a period of time. Your doctor may ask questions such as the following:

- Is the headache located in the forehead, around the eyes, in the back of the head, near the temples, behind the eyeball, or all over?
- Is the headache on one side only?
- Is this a new type of headache for you?
- Would you describe the headache as throbbing?
- Is there a pressure or band-like sensation?
- When does the headache occur? How long have you had headaches? How long does each headache last?
- Does the headache awaken you from sleep? Are the headaches worse during the day and better at night?
- Did other symptoms begin shortly after the headaches began? Do headaches occur repeatedly?
- Does the headache reach maximum intensity over 1 to 2 hours?
- Are the headaches worse when you are lying down? Standing up?
- Are the headaches worse when you cough or strain?
- Do they occur at a specific time related to your menstrual period?
- What home treatment have you tried? How effective was it?

Diagnostic tests that may be performed include the following:

- Head CT scan
- Head MRI
- Sinus x-rays
- Temporal artery biopsy
- Lumbar puncture

If a migraine is diagnosed, medications that contain ergot may be prescribed. Temporal arteritis must be treated with steroids to help prevent blindness. Other disorders are treated as is appropriate.

Prevention

The following healthy habits can lessen stress and reduce your chance of getting headaches:

- Getting adequate sleep
- Eating a healthy diet
- Exercising regularly
- Stretching your neck and upper body, especially if your work involves typing or using a computer
- Learning proper posture
- Quitting smoking
- Learning to relax using meditation, deep breathing, yoga, or other techniques
- Wearing proper eyeglasses, if needed