# Headaches, FAQ's
## (Frequently Asked Questions, NHF)

MIGRAINE HEADACHES

**Q: What is migraine? What causes it? How can I treat it?**

**A**: Generally, migraine headaches begin as a dull ache. Then they develop into a constant, throbbing, and pulsating pain. You may experience pain at the temples. You may experience pain at the front or back of one or both sides of the head. The pain is usually accompanied by a combination of:

- Nausea.
- Vomiting.
- Sensitivity to light and noise.

Some people (about 15%) experience an aura (see below) before an attack. The cause of migraine is believed to be chemical reactions in the brain. Treatment for migraine may include over-the-counter or prescription medications. It may also include self-help techniques. These include relaxation training and biofeedback.

**Q: What is an aura?**

- **A**: About 15% of people with migraine get an "aura". This is a sign of neurological symptoms that occur before a migraine headache. You may see wavy or jagged lines, dots, or flashing lights. You might experience tunnel vision or blind spots in one or both eyes. The aura can include visual or auditory *hallucinations* (something imagined). It may include disruptions in smell (such as strange odors), taste or touch. Other symptoms include:
- Numbness.
- A "pins and needles" sensation.
- Difficulty in recalling or speaking the correct word.

These neurological events may last as long as 60 minutes. These symptoms will fade as the headache begins.

**Q**: **What is a trigger?**

**A**: Certain physical or environmental factors can lead to or "trigger" a migraine. These include:

- Foods.
- Weather.
- Hormonal changes.
- Stress.

It is important to remember that triggers are different for everyone. To help prevent migraine attacks, you need to figure out which triggers affect you. Keep a headache diary. This is a good way to track triggers. The diary will help you talk to your healthcare professional about your condition.

**Q: Does weather affect migraines?**

**A**: Bright sunshine, hot, humid conditions, and drastic changes in barometric pressure may lead to, or "trigger," a migraine attack in some people. But studies have shown that weather does not act as a trigger for everyone with migraines.

**Q: What is the link between migraine and hormones?**

**A:** Hormones start and regulate many of your body's functions. Hormones keep your body in balance within a constantly changing environment. The levels of hormones in your body are unbalanced at times. Examples are during menstruation, pregnancy, or menopause. That can lead to a migraine attack. In fact, about three quarters of all women with migraine report that their attacks are related to the menstrual cycle.

**Q: Is there an increased risk of stroke for migraine sufferers?**

**A:** The likelihood of a migraine attack causing a stroke is very remote. That is not to say that migraine sufferers cannot have a stroke associated with their migraines. In persons under age 40, the most common associated factor for stroke is migraine headache. But over the course of a person's normal life span, the occurrence of migraine headache may actually be associated with a reduced risk of dying from cerebrovascular disease due to stroke.

**Q: What are acute medications for migraine?**
**A:** Acute medications are used to treat the pain of the headache after it has started. Examples over-the-counter medications, NSAIDs, ergots, and triptans.

**Q: What are the triptans?**
**A:** Triptans are the newest class of abortive medications. They are specifically targeted to treat migraine. Triptans are vasoconstrictors. They moderate some chemical reactions in the brain. The triptans work on receptors in your brain. Triptans help to restore the balance of a neurotransmitter called serotonin. Fluctuations in levels of serotonin are thought to be a main cause of migraine.

**Q: Are over-the-counter medications for migraine effective?**
**A:** Over-the-counter, or "OTC," medications may be effective in relieving mild to moderate pain and associated symptoms of migraine. But you should see your caregiver before beginning any treatment regimen for migraine.

**Q: What are preventive medications for migraine?**
**A:** Preventive medications for migraine are sometimes referred to as "prophylactic" treatments. They are used to reduce the frequency, severity, and length of migraine attacks. Examples of preventive medications include antiepileptic medications, antidepressants, beta-blockers, calcium channel blockers, and NSAIDs (nonsteroidal anti-inflammatory drugs).

**Q: Why are anticonvulsants used to treat migraine?**
**A:** During the past few years, there has been an increased interest in antiepileptic drugs for the prevention of migraine. They are sometimes referred to as "anticonvulsants". Both epilepsy and migraine may be caused by similar reactions in the brain.

**Q: Why are antidepressants used to treat migraine?**
**A:** Antidepressants are typically used to treat people with depression. They may reduce migraine frequency by regulating chemical levels, such as serotonin, in the brain.

**Q: What alternative therapies are used to treat migraine?**
**A:** The term "alternative therapies" is often used to describe treatments considered outside the scope of conventional Western medicine. Examples of alternative therapy include acupuncture, acupressure, and yoga. Another common alternative treatment is herbal therapy. Some herbs are believed to relieve headache pain. Always discuss alternative therapies with your caregiver before proceeding. Some herbal products contain arsenic and other toxins.

## TENSION HEADACHES

**Q: What is a tension-type headache? What causes it? How can I treat it?**
**A:** Tension-type headaches occur randomly. They are often the result of temporary stress, anxiety, fatigue, or anger. Symptoms include soreness in your temples, a tightening band-like sensation around your head (a "vice-like" ache). Symptoms can also include a pulling feeling, pressure sensations, and contracting head and neck muscles. The headache begins in your forehead, temples, or the back of your head and neck. Treatment for tension-type headache may include over-the-counter or prescription medications. Treatment may also include self-help techniques such as relaxation training and biofeedback.

## CLUSTER HEADACHES

**Q: What is a cluster headache? What causes it? How can I treat it?**
**A:** Cluster headache gets its name because the attacks come in groups. The pain arrives with little, if any, warning. It is usually on one side of the head. A tearing or bloodshot eye and a runny nose on the same side of the headache may also accompany the pain. Cluster headaches are believed to be caused by chemical reactions in the brain. They have been described as the most severe and intense of any headache type. Treatment for cluster headache includes prescription medication and oxygen.

## SINUS HEADACHES

**Q: What is a sinus headache? What causes it? How can I treat it?**

**A:** When a cavity in the bones of the face and skull (a *sinus*) becomes inflamed, the inflammation will cause localized pain. This condition is usually the result of an allergic reaction, a tumor, or an infection. If your headache is caused by a sinus blockage, such as an infection, you will probably have a fever. An x-ray will confirm a sinus blockage. Your caregiver's treatment might include antibiotics for the infection, as well as antihistamines or decongestants.

## REBOUND HEADACHES

**Q: What is a rebound headache? What causes it? How can I treat it?**

**A:** A pattern of taking acute headache medications too often can lead to a condition known as “rebound headache.” A pattern of taking too much headache medication includes taking it more than 2 days per week or in excessive amounts. That means more than the label or a caregiver advises. With rebound headaches, your medications not only stop relieving pain, they actually begin to cause headaches. Doctors treat rebound headache by tapering the medication that is being overused. Sometimes your caregiver will gradually substitute a different type of treatment or medication. Stopping may be a challenge. Regularly overusing a medication increases the potential for serious side effects. Consult a caregiver if you regularly use headache medications more than 2 days per week or more than the label advises.

## ADDITIONAL QUESTIONS AND ANSWERS

**Q: What is biofeedback?**

**A:** Biofeedback is a self-help treatment. Biofeedback uses special equipment to monitor your body's involuntary physical responses. Biofeedback monitors:

- Breathing.
- Pulse.
- Heart rate.
- Temperature.
- Muscle tension.
- Brain activity.

Biofeedback helps you refine and perfect your relaxation exercises. You learn to control the physical responses that are related to stress. Once the technique has been mastered, you do not need the equipment any more.

**Q: Are headaches hereditary?**

**A:** Four out of five (80%) of people that suffer report a family history of migraine. Scientists are not sure if this is genetic or a family predisposition. Despite the uncertainty, a child has a 50% chance of having migraine if one parent suffers. The child has a 75% chance if both parents suffer.

**Q: Can children get headaches?**

**A:** By the time they reach high school, most young people have experienced some type of headache. Many safe and effective approaches or medications can prevent a headache from occurring or stop it after it has begun.

**Q: What type of doctor should I see to diagnose and treat my headache?**

**A:** Start with your primary caregiver. Discuss his or her experience and approach to headaches. Discuss methods of classification, diagnosis, and treatment. Your caregiver may decide to recommend you to a headache specialist, depending upon your symptoms or other physical conditions. Having diabetes, allergies, etc., may require a more comprehensive and inclusive approach to your headache. The National Headache Foundation will provide, upon request, a list of NHF physician members in your state.

*This information courtesy of the* National Headache Foundation 1-888-NHF-5552
internet: www.headaches.org

Document Released: 03/09/2005 Document Re-Released: 01/09/2011
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