Indomethacin-Responsive Headache, Adult

Millions of people have headaches that come back over and over again. Some medicines stop the headache pain. Others do not. One type of medicine that often works is an NSAID (*non-steroidal anti-inflammatory drug*). There are many different NSAIDs. One is indomethacin (Indocin). It stops the body from making a substance that causes pain, fever, and swelling. Indomethacin can quickly stop the pain from certain types of headaches. Those headaches are called indomethacin-responsive headaches. They include:

- **Paroxysmal hemicrania.** This is a series of short but severe headaches, usually on just one side of the head.
- **Hemicrania continua.** Pain is nonstop and on one side of the face.
- **Primary exertional headache.** Exercise sets off these headaches.
- **Primary cough headache.** Pain may come from pressure in the brain when coughing or straining.

There are other types of indomethacin-responsive headaches, but they are very rare.

CAUSES

The exact cause of indomethacin-responsive headaches is not known. However, a few things seem to make it more likely that someone will have one of these headaches. They are called risk factors. There are also conditions that may set off a headache. They are called triggers. Triggers do not always start a headache. They may affect some people but not others. Risk factors and possible triggers include:

- **For paroxysmal hemicrania:**
  - Being 30 to 40 years old. That is when most attacks begin.
  - Being female.
  - Head trauma (*serious injury*).
  - Moving the head in certain ways.
  - Stress.
  - Exercise.
  - Pressure on sensitive areas of the neck.
  - Drinking alcohol.
- **For hemicrania continua:**
  - Being female.
  - Having family members who get this type of headache.
  - Physical exertion, which may make the headache pain worse.
  - Drinking alcohol, which may make it worse.
- **For primary exertional headache:**
  - Activity such as running, swimming, or weight-lifting.
  - Other exercise that is very strenuous (*requires great effort*). This includes having sex.
  - Being male.
  - Having had migraine headaches.
- **For primary cough headache:**
  - Being male.
  - Being older than 40.
  - Coughing.
  - Sneezing.
  - Activities that involve stretching or straining.

SYMPTOMS

Each type of indomethacin-responsive headache has different symptoms. What they have in common is that symptoms almost always get better quickly after indomethacin is taken.

- **Symptoms of paroxysmal hemicrania include:**
  - On average, 10 headaches a day. Each lasts from a few minutes to a half-hour, or may last up to 2 hours.

- Severe, throbbing pain.
- Pain usually on just one side of the head. It often centers around the eye or in the forehead.
- A watery eye, which becomes red and swollen, too.
- Droopy or swollen eye lid.
- Facial flushing and sweating.
- A stuffy, runny nose.

➢ **Symptoms of hemicrania continua include:**
- All-day headache. This may occur daily for at least 3 months. Then there may be no headaches for weeks or months.
- Pain that gets worse several times during the day.
- Pain in the face area, on one side only. It almost always occurs on the same side.
- A watery eye. It also may become droopy, red, and swollen.
- A stuffy, runny nose.
- Pain that gets worse with sound or light.

➢ **Symptoms of primary exertional headache include:**
- Pain after strenuous activity.
- Throbbing pain. It is sometimes described as a "hammer blow to the head."
- Pain that lasts 5 minutes to 48 hours. Sometimes even longer.

➢ **Symptoms of primary cough headache include:**
- Pain that starts after coughing, sneezing, or straining.
- Sharp, stabbing pain.
- Pain on both sides of the head. It is often worse in the back of the head.
- Pain that is severe for a few minutes and then dull for several hours.

DIAGNOSIS

Figuring out why someone has headaches can be a long process. It includes ruling out a medical condition that might be the cause, such as infections. To diagnose your headaches, your healthcare provider might:

➢ Ask about your headaches.

➢ Do a physical examination.

➢ Order some tests. These may include:
- **Blood and urine tests**. Checking for infections and toxins (*poisons*) in the body.
- **Lumbar puncture** (*spinal tap*). A needle is used to take a sample of cerebrospinal fluid. This fluid protects the brain and spinal cord. The fluid is usually taken from the lower back. Checking the fluid will show if there is an infection, brain hemorrhage (*bleeding*), or extra pressure inside the skull.
- **Imaging tests**. Creating pictures of blood vessels, bones, and the brain. Tests may include computed tomography (*CT scan*) or magnetic resonance imaging (MRI).

➢ If no medical condition is causing the headaches, your healthcare provider may test treatments. For instance, you would take indomethacin during a typical attack. If yours is an indomethacin-responsive headache, symptoms should go away quickly.

TREATMENT

➢ Taking indomethacin is the best way to treat an indomethacin-responsive headache.
- The medicine can be taken as a pill or liquid. It also may be given as a suppository (*placed in the rectum*).
- It is usually started at a low dose. The dose may be increased until the pain stops.
- A few people have side effects from indomethacin. These may include stomachache, heartburn, nausea, vomiting, bleeding in the stomach, or rash.

➢ Other medicines may also be given for indomethacin-responsive headaches. They include:
- Other types of NSAIDs.
- Antiemetics. These drugs relieve nausea and vomiting.
- Antacids. These drugs relieve stomachache or heartburn.

HOME CARE INSTUCTIONS

- Take indomethacin and any other medicines prescribed by your caregiver. Follow the directions carefully.
  - Do not take over-the-counter pain medicines, unless your caregiver says it is ok.
  - Be sure to tell your caregiver about any other medicines you take. This includes any drugs prescribed by another caregiver. It also includes herbs, supplements, eyedrops, and creams you may use.
- Sometimes it helps to:
  - Rest in a dark, quiet room.
  - Put a cool, damp washcloth on your head or face.
  - Sleep.
- Avoid triggers. What works for one person may not work for another. But consider these possibilities:
  - Go to bed at the same time each night. Get up at the same time every morning.
  - Do not skip meals. Eat on a regular schedule.
  - Stay away from stressful situations.
  - Avoid certain substances that trigger headaches in some people. These include foods such as cheese, processed meats, chocolate, and nuts. Also avoid caffeine, alcohol, nicotine (*substance in tobacco*).
- Keep a headache diary. This may show a pattern that can help caregivers find the best treatment for your headaches. Each time you have a headache, write down:
  - When it starts and stops. Include the day and time.
  - How it felt.
  - Whether light, sounds, or smells made the pain worse.
  - What you were doing right before the headache started.
  - How much sleep you had the night before.
  - Any stress you were feeling before the headache.
  - Everything you ate and drank for 24 hours before the pain started.
  - All medicines you took.

SEEK MEDICAL CARE IF:

- You have any questions about medicines.
- Pain continues, even after taking pain medicine.
- You have nausea.
- You develop a fever of more than 100.5°F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain suddenly becomes much worse.
- You have bad stomach pain or vomiting.
- You vomit blood.
- You develop a fever of more than 102°F (38.9°C).

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