

Headaches



- More Information
- Download PDF
- Medical References

Brought to you by

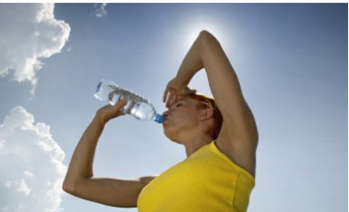
Medical brochures developed
and managed by



A primary headache has a key cause, is not a symptom of an underlying condition and includes tension headaches, migraines and cluster headaches.

FAST FACTS¹

Did you know that the brain itself has no sensory pain receptors? A headache therefore originates from the tissues and structures that surround the skull and the brain. It can affect the head, which is one of the most common sites of pain, and/or the upper neck. Dehydration is a very common cause.



CLASSIFICATION²

The International Classification of Headache Disorders (ICHD-3), published by the International Headache Society, is as follows:

- Primary headaches
- Secondary headaches
- Cranial neuralgias, central and primary facial pain, and other headaches



PRIMARY HEADACHES³

A primary headache has a key cause and is not a symptom of an underlying condition.

Common examples are tension headaches, migraines and cluster headaches.

Tension headache

The most common primary headache, which is felt as a dull, scattered and mild-to-moderate pain. A tight sensation often occurs around the head, which may extend to or from the neck, lasting a few hours or several days. In some cases, it can be triggered by stress. It is usually diagnosed through the reported medical history, and sometimes entails a physical examination. Treatment includes over the counter and/or prescription pain medication or muscle relaxants. In some instances, stress management can be useful.

Migraine

The second most common cause of a primary headache, which usually involves a pulsating or throbbing pain. It can affect one side of the head, or both. In some cases, it is associated with nausea and/or vomiting and blurred vision. Genetic and environmental factors may contribute. It is usually diagnosed by means of clinical signs and symptoms. Hormonal changes, bright lights and stress can be triggers. Treatment includes over the counter and/or prescription pain medication – such as non-steroidal anti-inflammatory medication. Sometimes, anti-nausea medication may be indicated.

Cluster headache

This comes on suddenly and occurs in clusters in weekly or monthly episodes, with pain-free periods in between. Severe pain is usually experienced around the eye, causing swelling and possibly drooping of the eyelid. It is mostly diagnosed through clinical signs and symptoms. Due to its speedy onset, it is usually treated with fast acting pain medication, specific injectables, and sometimes even with high-flow oxygen inhalation. Alcohol should be avoided during a cluster period as it can make the attack worse.

WHEN TO CONSULT A DOCTOR⁷

Call upon your doctor if the headache is accompanied with:

- A stiff neck
- Trouble speaking, seeing or walking
- Confusion or fainting
- Sudden weakness or paralysis on one side of the body
- Fever
- Nausea and vomiting

<p>Secondary headaches⁴</p>



This describes a headache that is caused by an underlying condition, such as the following:

- Concussion (a mild brain injury, often caused by a blow to the head)
- Middle-ear infection (otitis media)
- High blood pressure (hypertension)
- Meningitis (inflammation of the membrane, and fluids around the brain and spinal cord)
- Certain medications, and overuse of medications
- Flu (influenza)
- Bleeding in or around the brain
- Stroke
- Pressure-causing headgear
- Brain tumour
- Blood clot in the brain
- Panic attack
- So-called "brain freeze" when eating something cold, such as ice-cream
- Grinding or clenching of the teeth at night (bruxism)

DIAGNOSIS

If the nature of the headache appears to be more complex than just a primary headache, the following additional diagnostic tests may be carried out:

- Blood tests
- X-rays
- Brain scans



TREATMENT

The choice of treatment would depend on the cause, which can include:

- Pain medication (non-steroidal anti-inflammatory or opioids)
- Rehydration
- Antibiotics
- Anti-anxiety medication
- Antibiotics
- An intra-oral (in the mouth) device called a bite plate in cases of grinding or clenching
- Anti-depressants
- In cases of brain tumours, brain bleeds or a stroke, specialised medial interventions are required

IMPORTANT NOTE ON CONCUSSION⁵

It is important to always wear a mouth guard during contact sport, and where applicable, also headgear. A mouth guard not only protects the teeth but may also prevent a concussion!

CRANIAL NEURALGIAS, CENTRAL AND PRIMARY FACIAL PAIN, AND OTHER HEADACHES⁶

This describes a specific type of headache caused by the inflammation of the nerves of the head and neck.

An example is trigeminal neuralgia, which is the inflammation of a nerve called the trigeminal nerve, resulting in intense and severe facial pain.

The cause is not always known, however, in some instances it may be due to a compressed nerve or an underlying disease that affects the entire body, such as multiple sclerosis.

Diagnosis is mostly based on signs and symptoms.

Treatment includes pain medication and sometimes anti-convulsant medication, surgery or radiation therapy.