

IS MY HEADACHE SERIOUS?

Headache is among the most common medical complaints. About 12 to 16 % [12% is most commonly quoted: *NEUROLOGY* 2002;58:885-894. Migraine in the United States, Epidemiology and patterns of health care use. **R. B. Lipton, MD, A. I. Scher, PhD, K. Kolodner, PhD, J. Liberman, PhD, T. J. Steiner, MB PhD and W. F. Stewart, PhD**]

of the North American population suffers from migraines. Women are more likely to suffer from headaches than men. The 1993 National Health Interview survey revealed that migraine is the primary cause for 150 million lost workdays and 329, 000 lost schooldays each year. [?source]

- **Common causes of headache**

- Headache has many causes. Some headaches are primary (no known underlying cause[disease]). Theses [These] include migraine headache, tension headache, and cluster headache, which are most common. Other headaches are secondary other illness like sinus infections, tumors, brain hemmorrhage.
- Migraines are characterized by one sided throbbing head pain often associated with nausea and vomiting, sensitivity to light and sound, and an “aura” prior to headache. Migraines may last from 4 to 72 hours. [does not have to be one-sided; does not have to have GI and sensitivities; only 15-20% of migraineurs will have aura]
- Tension headaches are characterized by tightness or pressure which cam [can] last for any amount of time. [30 minutes to 7 days]
- Cluster headaches are always [bilateral has been reported, but quite rare] one sided with pain behind the eye or temple. Headache is explosive and excruciating. It may last from 30 minutes to 3 hours. Other symptoms include tearing or runny nose and sweating on the same side as the headache.
- “Sinus” headache is usually eye pain or frontal head pain secondary to either an acute sinus infection or a chronic sinus infection. A sinus headache may be worse lying down and in the morning due to the nasal congestion. Other symptoms include fever, dark green nasal drainage, foul smelling breath.

- **Serious causes of headache**

- More serious causes of headache are much less common. Some risk factors for a more serious cause of headache requiring immediate medical attention are HIV or treatment with an immunosuppression medication like prednisone or cyclosporine, [any cause for immunocompromised state]

old age, family history of a dangerous headache, anticoagulant medication (blood thinner), changes in vision, and confusion. Some dangerous headaches include subarachnoid hemorrhage, temporal arteritis, meningitis, idiopathic intracranial hypertension, and brain tumor.

- Subarachnoid hemorrhage is often secondary to an aneurysm of an artery in the brain. When the aneurysm ruptures, it causes blood to leak between the arachnoid and pia, which are layers lining the exterior of the brain. The headache is usually explosive and the worst headache of your life. One can become very confused and have nausea and vomiting. Some complications are seizures, increased pressure in the brain, or another hemorrhage.
- Temporal arteritis is a disease of the large and medium sized arteries. This usually affects the temporal artery, which is located in the temple region of the face. This headache is more common in older women. Headache is usually one-sided and may be associated with muscle aches, blurred vision, jaw cramping, and scalp pain.
- Meningitis is inflammation and [“or” instead of “and”] infection of the lining of the brain. This headache is usually associated with confusion or change in behavior, fever, and stiff neck.
- Idiopathic intracranial hypertension, means elevated pressure in the skull for an unknown reason. This disease is most prevalent in young obese women. The headache is all over the head and may be associated with nausea/vomiting and blurry vision followed loss of vision
- Brain tumor, there are many different brain tumors. Some are primary to the brain and others are secondarily spread from other cancers. Headache is usually not the first nor the only symptom of a brain tumor. Often the headache is new, getting worse and associated with vision changes, trouble walking and other neurological signs.
- **See your physician if...**
 - First headache
 - Older than 50
 - Fever and stiff neck
 - Change in vision or walking
 - HIV or “immunosuppression medications”
 - New onset of confusion
 - Anticoagulant medication such as Warfarin
 - Head trauma

[Change in headache pattern; new focal neurologic dysfunction]

- **Do you need an MRI?**
 - Most commonly a primary headache will be the diagnosis and no tests need to be done.
 - If you have risks for a “serious” headache your vision may want to run blood tests, lumbar puncture (spinal tap) and/or get a computed tomography scan (CT scan) or magnetic resonance imaging (MRI).

[doesn’t make sense?]

- **Treatment**
 - Common headaches [too vague] will be treated first with aspirin or NSAIDS (like ibuprofen). If headache persists treatment with a medication called a Triptan can be helpful in stopping a migraines. [migraine]
 - Preventive therapy may used such as avoiding triggers for migraine and tension headaches like alcohol, loud noise, strenuous activity, skipping meals, sleeping patterns, or schedule changes. If that is not helpful preventive medications may be prescribed such as calcium channel blockers, anticonvulsants, or tricyclic antidepressants. [have to divide out what is being addressed: for Tension—NSAID, for Migraine—beta blockers, Tricyclics or select anticonvulsants, for Cluster—calcium channel blocker]
 - For a headache caused by a sinusitis (sinus infection) treatment with antibiotics may improve headache.