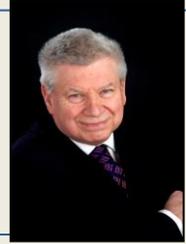


Medicine for Managers

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Headache

I don't know how many times over forty years I have seen patients with headaches worried that they are the sign of a brain tumour. A GP will see fewer than five new tumours in a practising lifetime whereas there are new presentations of headaches in most surgeries. One of the very difficult tasks of the doctor is trying to pick out one sinister headache from hundreds that are not.

Headaches involve mild, moderate or severe pain in any part of the head and neck. About one in five adults has regular headaches making them one of the most common presenting problems in practice. The vast majority are not serious and a variety of treatments exist now to manage or resolve them. There are a number of causes and types of common headache

Tension Headaches

These are the most common type, account for about three-quarters of all headaches and are generally felt over both sides of the head, often starting in the neck and radiating upwards over the head to end up across the forehead or behind the eyes. Sometimes called **stress** headaches, they produce a constant ache but are generally not severe enough to prevent sufferers continuing with their everyday activities. They may be short-lived or last for a number of hours and the frequency is very variable. The cause of tension headaches is unknown but a variety of precipitants have

been identified including stress, tiredness, poor posture, eye strain and dehydration. Some people also get tension headaches with alcohol or when they smoke.

The diagnosis is normally made on the characteristic history and effective treatment is normally with simple analgesics such as paracetamol or ibuprofen. It is usually accompanied by advice such as reducing stress, getting more sleep, having better posture, having the eyes tested and drinking plenty of fluids. The advice is often not helpful!

NICE guidance also recommends a course of 10 acupuncture sessions which does seem to be effective in a significant percentage of the patients.

When I get a headache I take two paracetamol and keep away from children, just like it says on the bottle.

Migraine

Migraine accounts for about one fifth of all headaches and, again, the actual mechanism is not understood. It is described as consisting of four stages but not all patients experience all the stages.

The initial stage is described as the **prodrome** which consists of one or more of a variety of non-specific symptoms including feeling generally unwell, tired and experiencing lost appetite and low mood.

The second stage is an **aura** which may last up to about thirty minutes and during which sufferers may experience visual effects such as flashing lights or zig-zag lines or sometimes strange smells or tastes. Only a proportion of people experience an aura of any sort. The aura is followed by the actual **headache** which is commonly severe, throbbing, pulsating and normally experienced on one side of the head.

It gradually builds to a crescendo, reaching its most severe within an hour and may last anything from a few hours to two or even three days. It is accompanied by nausea, vomiting, photophobia and dizziness, together with sensitivity to loud noises.

People often want to do nothing other than lie in a darkened room and try to sleep. Eventually the headache subsides during the **resolution** phase leaving the feeling of being exhausted.

Although the mechanism is not understood it is thought that the initial stages, including the aura, are associated with spasm and narrowing of some blood vessels in the head and the throbbing headache occurs when the vessels undergo a subsequent dilatation.

If you are typing a status update that says you have migraine, then you really don't know what a migraine is.

Cluster Headaches

These are rare, occurring in only about one in 750 people, and the pattern is of recurrent headaches that occur in clusters, often in a pattern which might be predictable. They typically occur for a period of 4-12 weeks followed by a period of remission which may last months or possibly even a year or more. They are often of sudden onset, severe, may be unilateral and centred around one eye, the eye may be tender to touch and may water and the nose may be blocked on that side. The pain may also involve the side of the face, temple, the ear and the temporo-mandibular joint.

Diagnosis may be made from the history but in severe and sudden onset cases it may be appropriate to refer for neurological assessment and brain scan to exclude other possible causes.

Treatment with simple painkillers is ineffective. The use of the anti-migraine treatment **sumatriptan**, either by injection or by nasal

spray, early on in the presence of such a headache, seems to be an effective treatment.

Medication headaches

A number of different medications can cause headaches as a side effect. Perhaps the most surprising is our old friend paracetamol which is used for the treatment of . . . headaches.

Interestingly taking too many paracetamol (or a number of other pain relief drugs) for headaches or other symptoms may generate ***pain-relief headaches.***

Stopping the pain-killers that are responsible for the problem will eliminate the medication-induced headaches within a few weeks, although they may initially be worse for a short while. There is also the problem of controlling the underlying symptoms once the adverse effects of the offending drug is removed.

Cyclical Headaches

Some women are troubled by headaches with cyclical characteristics. They may be linked with the menstrual periods and the headache may occur before, during or after the period. Similar problems may occur in women taking an oral contraceptive pill and indeed during pregnancy.

There are also a variety of other causes of headaches including dehydration, excess alcohol, viral illnesses, head injury, sinusitis and sleep apnoea.

Despite the rarity of brain tumours and the frequency of benign causes of headache, many

patients go to the doctor because someone suggested or they suspected that the headache might be the result of a sinister cause. Those sinister causes include brain tumour, stroke and meningitis. Factors that might raise suspicion are:

- Sudden onset and not like any headache experienced previously
- It persists much longer than a 'normal' headache
- It gets worse over time
- It is aggravated by exercise, bending the neck, changes in posture or by coughing
- Other associated symptoms such as weakness, confusion, slurred speech, disorientation, dizziness or drowsiness, or evidence of infection such as high temperature, rash or stiffness of the neck.

Anyone with a headache causing concern should contact the GP or, in emergency NHS111 or an accident and emergency department.

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