

Headache



- It is not a disease, it is a symptom of which there are many causes. It is either:
- Primary headache.
- Secondary headache.

Definition of headache:

- Primary :

1. Tension headache (stress headache).
2. Migraine headache (with or without aura).
3. Cluster headache.

Classification of headache

- Secondary:

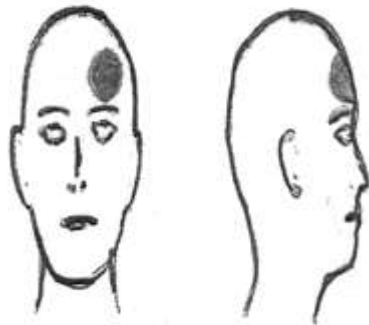
1. Stroke
2. Intracranial hypertension.
3. Head trauma.
4. Bacteria, viruses eg.meningitis, sinusitis (sinus headache).
5. Substance abuse(alcohol,analgesics) or withdrawal of alcohol.

- Drugs like: acetaminophen, aspirin, triptan, opioids, ergotamin: if abused (>twice/week for 3 months) are NOT benign, and causes headache within hours of stopping the agent and re-administration provide relief make the patient use it more frequently with higher doses.
- This headache is treated by tapering the agent until termination.

Rebound headache

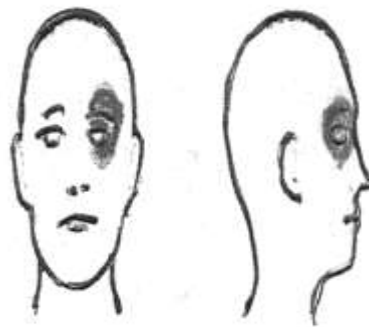
- Every one will have headache at some time
- Tension headache 40-90% of people .
- Migraine headache 15-20%. female 3times>male.30-40 years.
- Cluster headache rare, male>female.30-40 years.

Prevalence of headache



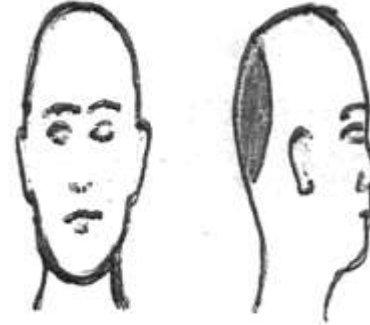
Frontal

Tension or migraine



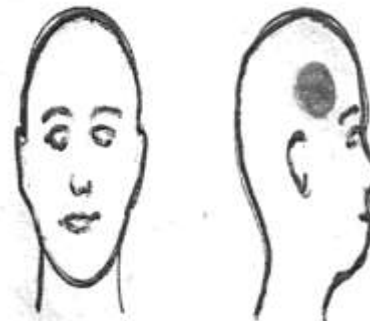
Orbital

Cluster, glaucoma, sinusitis



Occipital

Subarachnoid tension,
haemorrhage



Temporal

Migraine, temporal arteritis

Location of pain in headache

- Tension: pericranial muscle contraction.
 - Migraine:
 - 1- vascular (dilation of cerebral blood vessels)
 - 2- neurochemical (since 5HT agonists reduce or stop migraine)
- Others: fatigue, stress, missing meals, nitrates, estrogen containing contraceptive pills, postmenopausal hormones)

Most women experience attacks in premenstrual periods. It gets better during pregnancy.

Aetiology of headache

- Episodic: 30 min-7 days
- Chronic: 15 days/month for 6 months (depression or anxiety)

Classification of tension headache

Tension headache is
Often bifrontal headache
Non throbbing, gradual in
onset may be described as
a band around the head or
a weight pressing on the
head

No N V, rare photophobia.

Tension:
pain is
like a band
squeezing
the head



- Migraine with aura 20% of migraine
- Migraine without aura(common migraine)

Aura: is a series of visual or neurological symptoms(flashing, blind spots in the visual field-scotomas-difficulty in speaking)lasting 30 min. followed by the pain.

Classification of migraine headache

Classic migraine.

unilateral, temporal or frontal,
throbbing

Sudden in onset, more severe than
tension.

Migraines are associated with

Nausea and sometimes vomiting.

Photophobia, phonophobia.

Duration 24 hr.

Migraine:
pain, nausea
and visual
changes are
typical of
classic form



Cluster headache

is often orbital, unilateral, at the same time of the day. accompanied by a **painful, watering eye and a watering or blocked nostril on the same side as the pain.**

Symptoms suggestive of cluster headache

required referral

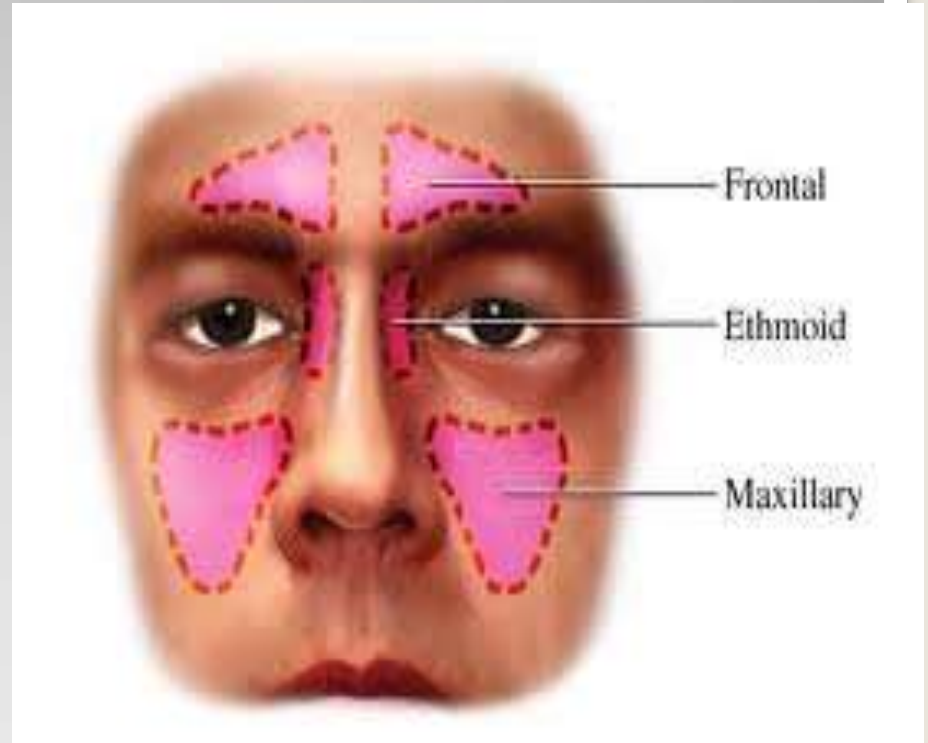
Duration 1-3 hr.

Aggravated by alcohol

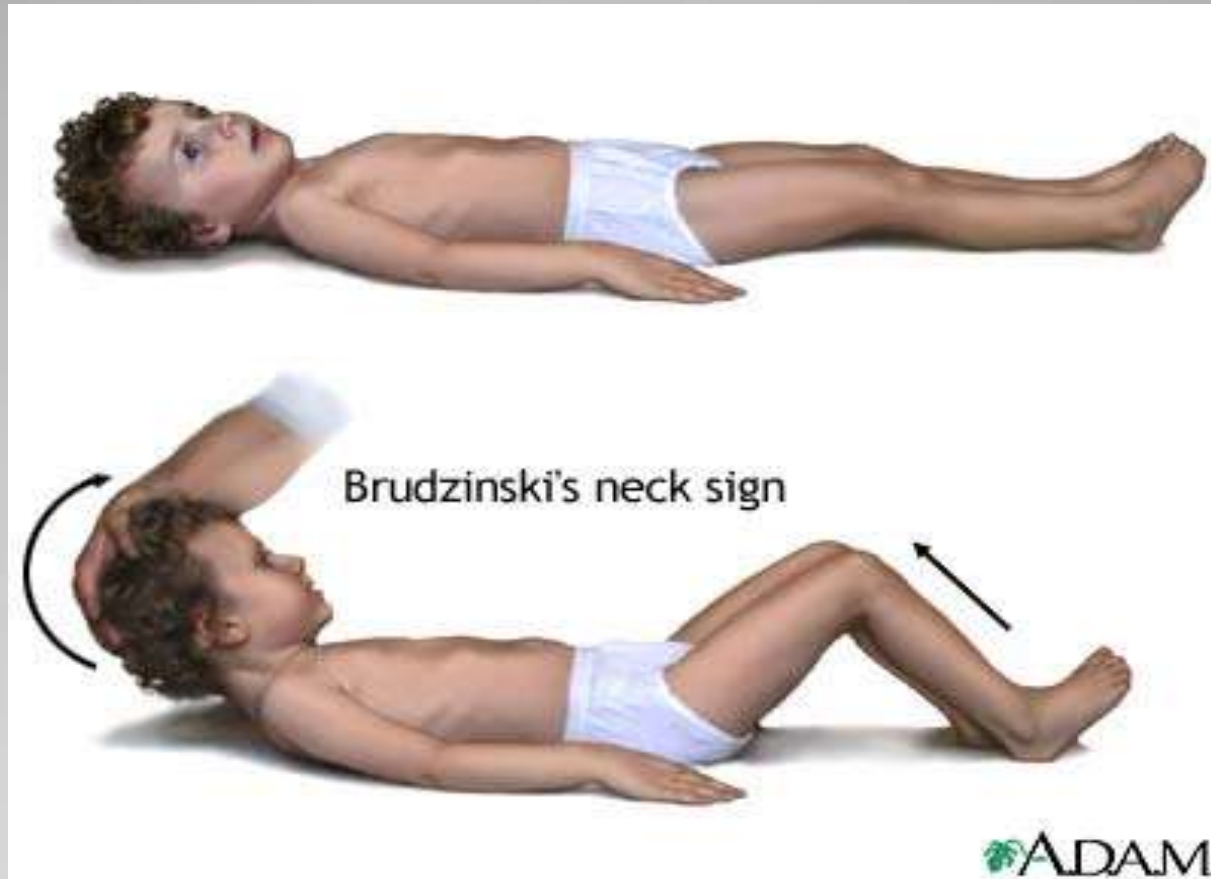


Cluster headaches may involve pain around one eye, along with drooping of the lid, tearing and congestion on the same side as the pain

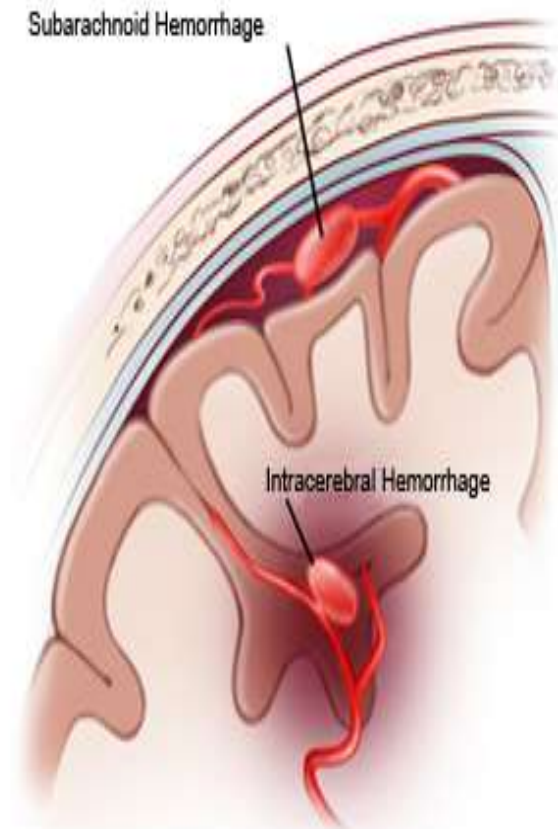
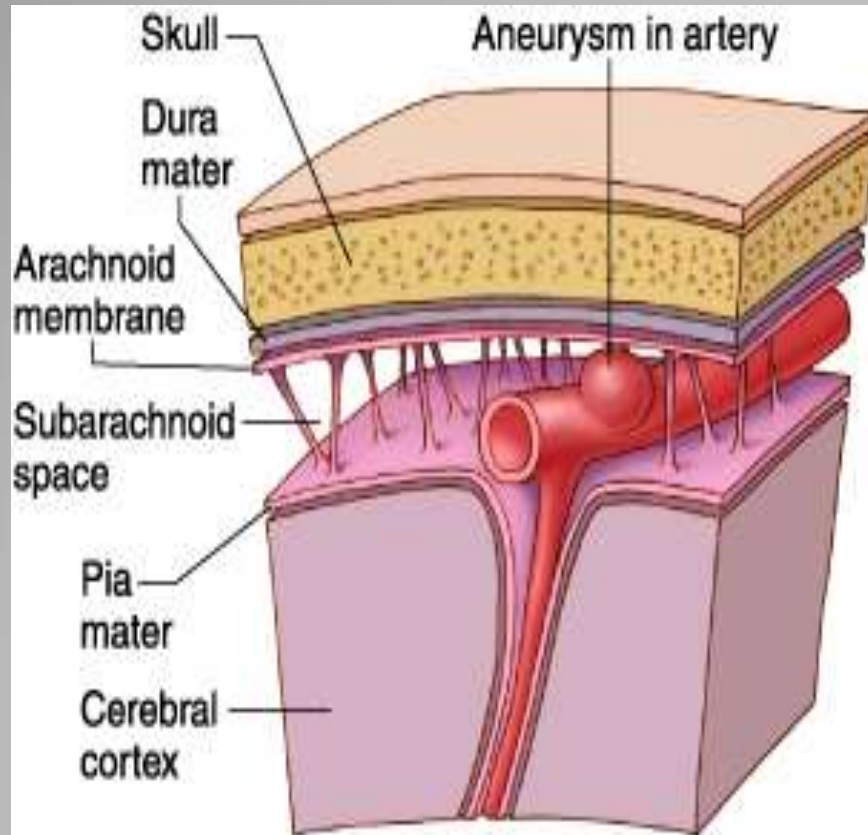
- Sinusitis.



Conditions to eliminate(refer)



- **Meningitis** fever, neck stiffness



- **Subarachnoid hemorrhage severe, occipital, lack of consciousness, NV**



Superficial temporal artery



Temporal arteritis



- **Temporal arteritis,**
tender, fever, myalgia, malaise

- Eye strain (reading, watching TV) .
- Glaucoma vision is blurred.
- Medication overuse.
- Trigeminal neuralgia (lasting couple of min, severe).
- Others:
 - ✓ Headache >10 days with or without treatment
 - ✓ 3rd trimester of pregnancy.
 - ✓ children <8 years of age.
 - ✓ History of liver diseases or alcoholic patients.

Treatment (non pharmacological)

Tension headache:

- Relaxation and physical therapy.

Migraine headache:

Avoid hunger or fatigue.

Magnesium supplementation

Avoid food containing:

- Vasoactive sub. like nitrates, tyramine present in aged cheese.
- Phenylalanine (aspartame)
- Monosod. Glutamate (Asian food)
- Caffeine (coffee, tea, chocolate)

- Acetaminophen
- NSAIDs
- Aspirin
- Combinations with
codein,caffein, orphinadrin.

pharmacological treatment

- **Acetaminophen.**
- Onset 30min. Duration 4hr. hepatotoxic in doses >4g, using other hepatotoxic drugs, AIDs, malnutrition.
- Children have greater ability to metabolize it than adults
- **NSAIDs (ibuprofen, naproxen).**
- Onset 30min. Duration of naproxen 12hr, ibuprofen 6-8hr.
- SE indigestion (may cause bleeding in risky patient)
- CI HF, RF, HT, pregnancy due to sod. Water retention. naproxen in these patients is safer than ibuprofen
- Excreted in small amounts in breast milk.

Pharmacological treatment

- 650-1000mg every 4-6hrmax. 4g
- SE
- Indigestion
- Bleeding
- In pregnancy better to be avoided
- Hypersensitivity.

Aspirin.

Codeine and Dihydrocodeine (analgesic)

Caffeine (increase mentality)

Doxylamine succinate (antihistamine)

Bucizine (antihistamine)

Sumatriptan (5HT agonist)

Buccal Prochlorperazine (antiemetic)

others



**Prochlorperazine buccal
tab(Buccastem M)**

- **Select the correct answer(s)**
- A woman in early thirties asked for a remedy for headache which is increased by posture changes, she had a history of common cold. (phenylephrine systemically for one week failed to control this complain), regarding this patient:
- Her headache is called sinus headache.
- More common in female gender.
- She needs to be referred to a physician to use POM.
- This headache is usually associated with fever.

- For several years, a young woman has purchased combination of analgesics from your pharmacy for headache which was described as a unilateral throbbing, sudden headache. Today she asks if you have something stronger:
- This headache is usually preceded by visual and neurological symptoms.
- This headache is associated with GI symptoms.
- Avoidance of magnesium containing food may help this patient.
- The site of pain is similar to that occurring in temporal arteritis.

- An elderly man with history of peptic ulcer and atrial fibrillation, since that time he became depressed and always complaining from headache, the doctor decided that acetaminophen is the drug of choice, drug history: warfarin and omeprazole.
- This patient has stress headache.
- Activated prothrombin time should be measured routinely.
- This headache worsens as day progress.
- Acetaminophen alone is better than acetaminophen with orphenadrin.

- Thank you for listening