Headache

a guide for patients and carers

Brain & Spine Foundation

The Brain and Spine Foundation provides support and information on all aspects of neurological conditions. Our publications are designed as guides for people affected by brain and spine conditions – patients, their families and carers. We aim to reduce uncertainty and anxiety by providing clear, concise, accurate and helpful information, and by answering commonly asked questions. Any medical information is evidence-based and accounts for current best practice guidelines and standards of care.

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Introduction

This booklet provides information on headache in adults. It discusses the different types of headache, what possible causes there are for headache, what headache may be a symptom of and how lifestyle can be affected. However, because headaches affect each person differently and because there are so many different types, it is important that you speak to your own Health Professional, as they are in a position to offer advice and information to meet your own needs. This booklet also provides information on possible treatments, recovery, rehabilitation and returning to everyday activities. Sources of further support and information are listed in the 'Useful Contacts' section on page 38. References are available on request.

Common questions

What are headaches?

More than 10 million people in the UK complain of headaches, making them one of the most common health complaints. It is unusual not to have at least the occasional headache. The good news is, most are easily treated, as the majority of headaches are not serious and can be aided by simple lifestyle measures like drinking enough water, ensuring you get enough rest, and through the sensible use of over-the-counter painkillers.

Are headaches dangerous?

Headache is a symptom, which means that it is not a disease in itself, but a change which we notice. The majority of headaches are not from a serious cause, but rather a pain condition produced by a normal brain. Very occasionally, they can be a symptom of serious disease, which is why so many people are concerned enough to seek advice from their GPs. Some of these people are referred to neurological clinics for further investigation. It is the role of the doctor, both in general and specialist practice, to make a clear diagnosis and suggest either further investigations, or appropriate treatments. Headache is still the most common reason that patients are referred by their GPs to neurological outpatient clinics.

What are the different types of headache?

Headache is a common feature of any infection which raises the body temperature, such as flu or a chest infection. Sometimes an infection within the sinus cavities in the face develops with a common cold, and this can cause a headache. This infection usually causes tenderness in the bones above or below the eye on one or both sides,

a high temperature, and the production of mucus which either drains backwards into the throat, or forwards when the affected person blows their nose.

Headaches can generally be split into two types, primary headaches and secondary headaches:

Primary headaches - headaches that are not due to an underlying health problem. These include tension headaches, migraines and cluster headaches.

Secondary headaches - headaches with a seperate cause, such as illness, head injury, concussion, or from drinking too much alcohol.

What causes headaches?

There are many different types of headache, each with different suspected causes. Many of these are detailed throughout this booklet.

The majority of headaches are **primary headaches** – triggered by the pain system in the human brain, rather than from an abnormality. Certain lifestyle factors can frequently trigger this pain system to

produce headaches. These include drinking caffeine, dehydration, tension, anxiety and stress, to name a few. The rarer, **secondary headaches** can occur from irritation or stretching of the membrane surrounding the brain (called the meninges) and the blood vessels at the base of the brain which, when irritated, produce pain.

Blood acts as a real irritant if it gets onto the outside of these vessels, as seen in a bleed in the brain, while in meningitis, both the meninges and the blood vessels themselves become inflamed.

Changes in pressure may also lead to secondary headaches.

How is the diagnosis made?

Most kinds of headache can be diagnosed from the type of pain, along with a physical examination by the doctor. It is unusual to need to do many tests to confirm the diagnosis, and most tests that are done are designed to rule out any possible alternative causes of headache, in order to support a diagnosis of tension-type headache, migraines or cluster headache. Tests are often not necessary if the headache follows a standard pattern, particularly if the person feels better after reassurance and simple treatment, but anyone who does not improve or has unusual features to his or her attacks may have to undergo a few tests.

Blood tests

Simple blood tests can help in highlighting some bodily changes which may contribute towards headache. One test called the **ESR (Erythrocyte Sedimentation Rate)** is helpful in diagnosing temporal arteritis. Occasionally, it is necessary to do other tests to rule out thyroid or kidney problems.

Scans

CT, **MRI** and **MRA** scans of the brain are useful in the assessment of so-called structural causes of headache such as sub-arachnoid haemorrhage, idiopathic intracranial hypertension and brain tumours. It should be stressed that the vast majority of scans prove to be normal and that there are some serious causes of headache which need specific treatment and yet do not show up on a scan.

Lumbar puncture

Examination of the cerebrospinal fluid (CSF) by carrying out a lumbar puncture is a specialist investigation, which is only undertaken in hospital and nearly always after a scan has been performed.

Primary headaches

Tension-type headaches

The most common type of headache is the tension-type headache. This headache feels like a dull ache with constant pressure around the front, top and sides of the head. The feeling is as if a rubber band has been stretched around the head. This is discussed in more detail on page 18.

They are not accompanied by nausea or any other symptoms affecting the nervous system, and they usually last from 30 minutes to several hours, though they can last for several days. Some headache sufferers have a combination of migraine and tension type headache – it is important for the person to recognise that both types of headache can occur so they can be managed well.

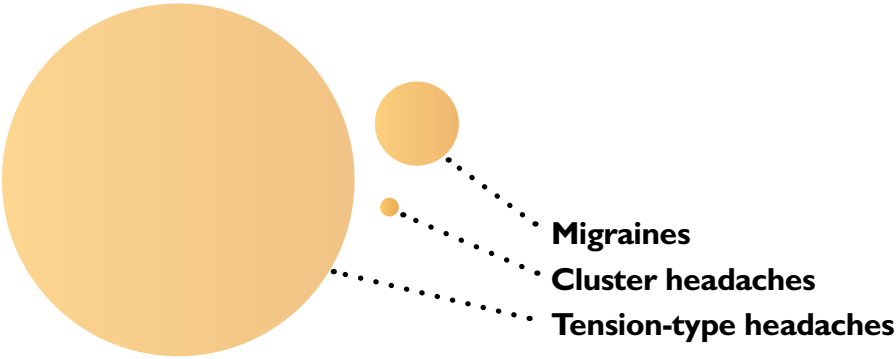
Migraine

The single most common cause of disabling recurrent headache is migraine. Migraine is a fairly common health condition, affecting about 15% of adults in the UK. The headache usually lasts between four hours and three days. It is often felt as a throbbing sensation and normally affects the front or just one side of the head. A lot of people experience nausea and/or vomiting. Sensitivity to light, sound or smells is common. Most people prefer to be still during the headache as movement is painful. A few complain of visual symptoms such as flashing lights, and even temporary blindness (although this is rare). Tingling in the face or fingertips may also occur, as well as speech disturbances. Migraines are discussed in further detail on page 25.

Cluster headaches

A less common type of recurrent headache is the cluster headache. These differ from migraine, although there can be an overlap of features. They are named this as they happen in clusters for days or months at a time, usually around the same time of year. These headaches are very severe attacks of pain on one side of the head, often felt behind the eye. Many people find that the eye waters or becomes bloodshot, or that the eyelid droops or swells on the same side as the headache. People also feel intensely restless during a cluster headache and tend to pace around. The attacks can occur at night and can wake up a person from sleep. Cluster headaches are discussed in more detail on page 31.

Proportion of people who suffer from primary headache types:



Secondary headaches

Secondary headaches are headaches that always have an underlying cause such as an illness or injury, some of which we have covered in the following section. There are a number of causes of this type of headache and it could point to a more serious problem.

Thunderclap type headache is a severe headache that peaks within 60 seconds of starting. This type of headache may be due to a nerve or blood vessel disorder, or infection. **Sub-arachnoid haemorrhage** (bleeding into the coverings of the brain) is the most common cause.

Similar to sub-arachnoid haemorrhage, an acute single headache could also be a pointer to **meningitis.** Sub-arachnoid haemorrhage, which is usually caused by a ruptured **aneurysm** on a large blood vessel at the base of the brain or by an **arteriovenous malformation**, is discussed in detail in another Brain and Spine Foundation booklet, as is meningitis (for access to these visit our website: www.brainandspine.org.uk). In general terms, the pain of sub-arachnoid haemorrhage starts very suddenly and may be linked with temporary or even prolonged loss of consciousness, whereas the headache of meningitis starts more slowly in someone who is clearly unwell with a high temperature. Both of these can cause a stiff neck, though this does not happen in all cases. If either of these conditions is suspected, the affected person should be taken to hospital as a matter of urgency.

Other types of secondary headache are as follows:

Post traumatic headache (PTH)

Sometimes headache may appear as an after effect of a head injury. The headache usually develops within days of the head trauma, or after regaining consciousness. Headache is very common following a head injury, and this fades over weeks or months.

Where there is trauma, bleeding in the brain (or within the different linings of the brain) can cause headaches. Other symptoms of this type of headache may include nausea, dizziness, impaired concentration, memory problems, extreme tiredness and intolerance to light and noise, and can lead to anxiety and depression. Normally, the symptoms of concussion will go away within two weeks. However, in some cases they may carry on much longer. When problems like this persist, they are often called 'post-concussion syndrome'.

Sometimes the persistent problems of post-concussion syndrome can be misunderstood by GPs and can be seen as over-worrying. In cases where symptoms of concussion persist for months, a mental health issue such as depression may come into play. This may make existing symptoms even more difficult to live with and sometimes a second opinion should be sought from a neurologist or neuropsychologist. Details of mental health services can be found in the 'Useful Contacts' section on page 38.

It is important to note that any head trauma, no matter how mild, can make a pre-existing headache condition worse, or it can bring on a headache in someone who has never experienced this before.
Even something as mild as 'heading' a football could trigger a headache or migraine attack. Acute post traumatic headache should improve with painkillers and rest. Further investigations including brain scans are usually found to be normal. In some individuals, the headache may remain for more than three months - this is classified as chronic PTH. If you are concerned, talk to your GP or specialist.

You may be interested in our booklet on 'Head Injury'.

Medication overuse headache

It has been known for many years that **ergotamine**, which is the active ingredient of many of the older migraine remedies, can cause headache if taken daily. More recently it has become clear that painkillers containing codeine can also cause headache if taken to excess (the threshold use of these medicines is three to four days a week regularly).

Many people take this drug four times daily. Migraines result much more commonly from chronic overuse of the family of drugs called **analgesics**. It seems likely that in this case, a headache is due to a sort of withdrawal symptom once the positive effects of each dose have worn off. It can be very tempting to take a further dose as this will provide short-term relief, but this will again lead to a headache after some hours. People taking analgesics in these amounts are often seen in specialist

clinics. If they stop the medication completely they may have a very severe withdrawal headache, usually lasting between 2–10 days. **This headache may come alongside other symptoms, such as anxiety.** During this period, it is important to drink plenty of water to keep well hydrated.

It is suggested that if a person has been dependent on painkillers for months rather than years, it may be best to stop abruptly - but talking to their GP or specialist beforehand is very important.

The headaches are likely to become more frequent immediately after stopping, and may come alongside nausea, but this should go away after seven to ten days.

However, if taking codeine-containing products has caused painkiller headaches, it can be dangerous to stop abruptly. Instead, it is advised to gradually reduce the number of painkillers taken. This is best done under the supervision of a doctor. Always talk to your GP or specialist before making any decisions.

Hormones and headaches

The **contraceptive pill**, and specifically the combined oestrogen/progesterone type which is taken for three weeks before stopping to have a period, can make headaches worse. It is thought that this type of headache is triggered by the falling levels of the hormone oestrogen, which explains why they are so common in the few days between stopping the pill and the start of the period. Sometimes these headaches follow a migraine-type pattern, but others affect both sides of the head, are not accompanied by vomiting, and are more like tension-

type headaches. Studies suggest that headaches are less likely to occur with the lowest dose pills containing newer types of progestogens, although this is not the same for everyone. There may also be the option of taking the pill continuously, or changing the pill you are on, but it is important to talk to your GP before making any decisions.

Women who have visual disturbances or strange feelings in their arms or legs (aura) immediately before their headaches should not take the combined oral contraceptive pill, as it is associated with a slightly greater risk of stroke. This risk increases when taken by women who have additional risks for stroke, such as migraine with aura, those who smoke or have high blood pressure.

The progesterone-only pill may be a better option as it is usually more effective in migraine sufferers and is safer to use. However, in some cases women can only expect their headaches to settle down if they stop the pill altogether. There are also other contraceptive methods. To discuss these options further, talk to your GP or local family planning clinic. Details can be found in our 'Useful Contacts' section on page 38. Oestrogen levels remain constant throughout pregnancy and most, but unfortunately not all women find that headaches are reduced during

pregnancy - though they may recur afterwards. Many women find that their headaches settle down after the menopause, though others seem to start developing significant headaches at this time, probably because of the hormonal changes. In general, hormone replacement therapy (HRT) is more likely to worsen than improve migraine; if it is essential to reduce unpleasant symptoms such as hot flushes, a relatively low dose may be less likely to make the migraine problem worse.
If you experience any symptoms, talk to your GP.

Do not stop taking your prescribed drugs without guidance of your GP or specialist.

Food and drink

People may also experience dietary triggers for migraines. These dietary triggers include:

- Alcohol, caffeine products (such as tea and coffee), chocolate, cheese and citrus fruits.
- The food additive tyramine may also be a trigger (which is found in cheese, chocolate and citrus fruits) as well as phenylethylamine (which is found in chocolate and alcohol). Food colouring and food additives 'e numbers' may also lead to headaches.

Delayed or irregular meals of any kind may also trigger migraines, as this may lead to blood sugar levels falling and rising sharply – these highs and lows could trigger a migraine attack.

Triggered headache through coughing, straining and exertion

Headache from any cause can be worsened by coughing or straining. Occasionally however, people find that coughing will actually trigger a new headache. This is sometimes due to a minor abnormality at the back of the skull, which can be corrected surgically. This may also be the case where a headache is triggered by lifting weights.

It has to be remembered that headaches can be triggered or worsened after running or doing other similar exercises. Headaches can also occasionally be triggered by sexual intercourse. These headaches are often benign, or harmless, especially when they occur repeatedly. If worried, anyone experiencing pain for the first time under these circumstances should talk to their GP.

Temporal arteritis

This is an inflammatory disease of the arteries of the scalp which often causes people to develop extreme tenderness in the sides of their head, between the forehead and the ear. This is a fairly uncommon condition, which is age-related. Affected people are nearly always in their sixties or older, and it is three times more common in women than in men.

Sufferers complain of a steadily worsening headache which can be linked to aches and pains elsewhere in the body. Other symptoms include scalp tenderness, jaw or ear pain when chewing, weight loss, tiredness and muscle pain. This condition is very easy to treat but may produce visual problems if it is left untreated. If this condition is suspected, your GP will carry out some blood tests to detect inflammation.

Idiopathic intracranial hypertension

This is a fairly rare cause of the gradually worsening type of headache, associated with visual symptoms such as brief loss of vision or double vision. This tends to affect women in their twenties, particularly those who are overweight. It has also been linked with the contraceptive pill and with some drug treatments. Doctors will usually use an **opthalmoscope** to look at the back of the eyes for swelling of the optic nerve to diagnose this condition, and this may be followed by a brain scan which often does not show any worrying abnormalities. Another investigation that a doctor may wish to carry out is a **lumbar puncture**.

What happens in this condition is not very well understood, but it is thought that the pressure system within the brain resets at a higher level and this is directly linked to weight gain or excessive body weight. Weight loss is the main mechanism for bringing this condition under control. For some people however, this condition is not related to weight.

There are some drugs which seem to help in this condition. If there is a worry that vision is deteriorating, procedures like a lumbar puncture or shunts may be advised. For further advice, talk to your GP or specialist.

Neck disease

Wear and tear on the joints of the neck, or muscle spasms, can sometimes cause a stiff neck and may trigger a headache. The pain is usually worsened by moving the neck and can be relieved by anti-inflammatory painkillers. For further advice, talk to your GP.

Reversible Cerebral Vasoconstriction Syndrome

Reversible cerebral vasoconstriction syndrome (RCVS) is a disorder which is associated with nonaneurysmal subarachnoid haemorrhage, pregnancy and exposure to certain drugs. The symptoms are repeated, with severe thunderclap headaches over 1–3 weeks, often with nausea, vomiting, sensitivity to light, confusion and blurred vision.

Brain tumours

Brain tumours are rare in the population as a whole, and most come to light either because of epileptic fits or because part of the brain no longer works properly, causing, for example, weakness in an arm and/or leg, difficulty with vision to one side, speech problems or a personality change. For a person with a brain tumour to reach medical attention complaining only of headache and without any physical problems which are symptoms of a tumour is extremely rare. Anyone with an unexplained and gradually worsening headache may benefit from a scan in order to reassure both themselves and the doctor.

Tension-type headache

Tension-type headaches are the most common types of headache affecting the general population. Most people are likely to have experienced tension headaches in their lifetime. They can occur at any age, but are most common in teenagers and adults, and are more common in women than men. It has been estimated that about half of the adult population in the UK have tension headaches once or twice a month, with 1 in 3 adults suffering tension headaches up to 15 times a month.

In this type of headache, the pain usually affects both sides of the head, it is not throbbing in character and there is little, if any, nausea. The sufferer may also feel the neck muscles tighten, and a feeling of pressure behind the eyes. Tension headaches should not be too disabling or prevent you from going about your everyday activities.

Causes

The exact cause of tension-type headaches is not clear to doctors, but brain chemicals are thought to play a part. Certain environmental factors have been known to trigger tension type headaches, including:

- stress and anxiety
- tiredness
- lack of physical activity
- dehydration
- certain smells
- squinting
- poor posture
- missing meals
- noise
- bright sunlight

Treatments

These headaches are not life threatening and are usually relieved by over-the-counter painkillers such as paracetamol and ibuprofen. It is best to avoid codeine containing painkillers as they can cause headache if taken too often. However, if the headaches happen at least 2-3 times a week you may need preventative medication rather than painkillers. For further treatment advice, talk to your GP or pharmacist.

Care must be taken not to take excessive doses of painkillers because of the risk that the headache will recur or become continuous. When taking painkillers, it is always best to talk to your GP about when it would be safe to stop taking them.

Prevention

If you experience frequent tension-type headaches, it will be helpful to keep a diary to try to identify what could be triggering them (see our headache diary in the middle of this booklet). It may then be possible to alter your diet or lifestyle to help prevent them occurring as often.

Changes in lifestyle can also aid in relieving symptoms, such as:

Relaxation techniques - yoga classes, massages, and exercise.

Maintaining good posture, getting enough sleep and remaining hydrated.

Behavioural treatments such as relaxation techniques, meditation, biofeedback and cognitive behavioural therapy (CBT) have emerged as effective non-pharmacological approaches. These treatments also improve depression, anxiety, stress, and symptoms which are made worse through worry. Recent studies have shown that relaxation techniques can be as effective as drugs in helping tension-type headaches.

For information regarding mental health services, see our 'Useful Contacts' section on page 38.

Guidelines from the National Institute for Health and Care Excellence (NICE) states that a course of up to 10 sessions of acupuncture over a 5-8 week period may be beneficial in preventing chronic tension-type headaches. However, more research is needed before acupuncture's method of action is fully understood.

Sometimes, antidepressant medications may be given to help prevent chronic tension-type headaches. However, there is limited evidence of how effective this is. For further advice, talk to your GP.

Headache diary

Date	Headache x - mild xx-moderate xxx- severe xxxx- very severe Including D or T (dull or throbbing)	Nausea x - mild xx-moderate xxx-vomiting	Light & Sound (Oversensitivity to light and sound) Light - L Sound - S Both - B	Location Whereabouts on your head was it located? Front, back, left side, right side, behind the eye?
eg: 24/4/14	xx D	x	B	Front & Sides

Other sensations Did you feel any other bodily sensations? Tingling, numbness etc	**Medicine** What medicines did you take for your headache?	**Relief time** How long did it take to ease?	**Triggers** Are there any triggers that you are aware of? Hormones, food, alcohol etc
Facial Tingling	None	1-2 hours	Hormones

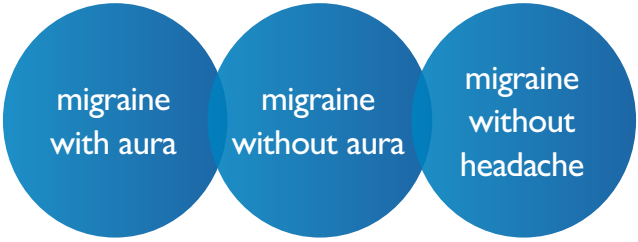
Migraine

Migraine is a fairly common cause of disabling headaches in the general population, affecting about 15% of adults in the UK. If a headache is recurrent and disabling, it may well be a migraine. Migraines are described as a severe throbbing pain which tends to be felt at the front or on one side of the head. People may also describe that the pain spreads to the neck, behind the eyes and across the nose and jaw. Migranes can last between four hours and three days. Nausea, visual disturbances and sensitivity to light are also common. Studies from the World Health Organisation have shown that half to three quarters of adults aged 18–65 years have had a headache in the last year and among those individuals, more than 10% have reported migraine.

Migraines can occur at any age but tend to begin in young adulthood, being most common from the late teens up until the age of 50. Migraines are actually a little more common in young boys than in young girls, but after puberty they are three times more common in women. It is suspected that this is due to female hormones, as many women report that their migraine attacks are more frequent around the time of their period, as well as from use of hormonal contraceptives and Hormone Replacement Therapy (HRT).

Usually, migraines can be eased with over-the-counter medication. However, if they are particularly severe or frequent, stronger prescribed medication may be required. For further advice, talk to your GP or pharmacist.

The different types of migraine include:



Migraine with aura

Migraine with aura refers to when there is a 'warning sign' that comes before a migraine attack. About one third of people experience aura with migraine. These 'warning signs' include visual disturbances, such as blurred vision, flashing lights, or occasionally a zigzag disturbance which moves across the person's field of vision. The affected person may be unable to see properly for some time while this disturbance is going on. Tingling and numbness affecting the face, lips, tongue, cheek or fingertips are also common and may occur at the same time as the visual disturbance, or more rarely before or after it. Other symptoms include stiffness or weakness in the neck, shoulders or limbs, heaviness of one side of the face or body, vertigo and speech problems.

Links have been drawn between recurrent migraines and smoking. Young women with migraine aura are advised not to smoke or use the combined oral contraceptive pill in order to keep the risk down.

What causes aura?

Studies have suggested that the aura phase is linked to something called 'cortical spreading depression'. This is where brain activity is depressed over an area of the cortex of the brain. Doctors are currently unsure as to why this takes place.

Aura symptoms typically start between 15 minutes and one hour before the headache begins, can develop over five minutes and can last for up to two hours. The risk of permanent damage to the brain from aura is very small, even after repeated attacks. Recent research may suggest otherwise and more research needs to be carried out.

Migraine without aura

The majority of people affected by migraine do not have attacks preceded by an aura. For these people, the headache is severe, usually disabling, may be throbbing and is often made worse by exercise - even walking upstairs. It is often, but by no means exclusively, on one side of the head and can be confined to either the front or the back - though it sometimes affects the whole of one side of the head. Most affected people feel nauseous and some vomit, often repeatedly, throughout the attack. Diarrhoea is not uncommon and some people pass a lot of urine, often as the headache itself is subsiding.

Causes

Migraines tend to run in families, but this does not mean that everyone in the family will get them. Migraine is common in immediate blood relative (parents, children, brothers and sisters). It is suggested that a mix of several different genes may decide whether or not a person will develop migraine, and a great deal of research is going on at present to try to identify which genes these are. One very rare form of migraine, called Familial Hemiplegic Migraine, has in fact been traced to a specific gene.

Migraine without headache

This is also known as 'silent migraine'. This is when an aura or other migraine symptoms are experienced, but a headache does not develop.

Treatments

It has been recognised for many years that migraine can be very disabling even though life expectancy is not affected.

If headaches occur five times or more each month, daily drug treatment may be considered. A wide variety of different drugs have been shown to be effective in the prevention and treatment of migraine in a number of large-scale trials.

Painkillers

Most people affected by migraine will already have tried paracetamol, aspirin and perhaps anti-inflammatory drugs such as ibuprofen (Nurofen), before they seek advice from their doctor.

However, if ordinary painkillers are not relieving your symptoms, there are also a number of effective, anti-migraine drugs which are only available on prescription from your GP. One form of these medicines are called Triptans. It is important to note that some people develop short-term side effects when using this medication.

However, if you are having migraine headaches more than 3-4 times per month, or if your attacks are lingering on as a dull, muzzy headache, regular pain medication may not be the appropriate treatment and can in fact worsen the situation by triggering medication overuse headaches. You may well need to go on a preventative medication instead. It is important to note that preventatives for migraines are not pain medication, but help to reduce the number of migranes. They take time to work, so the minimum time period required may be 3-6 months. Contact your GP or specialist for further information. All of

these treatments have their advantages and disadvantages. Before taking any medication, you should talk to your GP. There are also specialist migraine clinics that can assist you. For more information, see our 'Useful Contacts' section on page 38.

Beta blocking drugs

Beta blockers are traditionally used to treat angina and high blood pressure. It has been found that some, but by no means all of these drugs are of use in treating migraine. It is not known how beta-blockers prevent migraine attacks. **Beta-blockers are unsuitable for people with certain conditions**.

Amitriptyline

This drug is a type of antidepressant, which has also been shown to prevent migraines. **This drug is prescription only, and also unsuitable for people with certain conditions.**

*** It is important to also note that some people have reported having thoughts of hurting or killing themselves while taking amitriptyline. If this happens to you, see your GP or go to your nearest hospital immediately.**

There are a large variety of other drugs available which have been suggested to help migraine, which we do not cover in this booklet. For further advice, and before taking any of these medications, talk to your GP or specialist.

Acupuncture

Guidelines from the National Institute for Health and Care Excellence (NICE) state that a course of up to 10 sessions of acupuncture over a 5-8 week period may be beneficial in preventing migraines. However, more research is needed before acupuncture's method of action is fully understood.

Cluster headaches

This is quite a rare cause of headache in the population compared to migraine, affecting about 1 in 1,000 people. Anyone can be affected, however around 8 out of 10 people who suffer from them are men, and most are smokers.

The pain is much more severe than migraine, but affects a smaller area of the head – usually in, above, behind or below the eye; on one side of the head. They are called cluster headaches because sufferers usually get one or more of these attacks every day, for several weeks or months, before the pain subsides. A pain-free period will then follow which may last for months or years before the headaches return. The headaches tend to return around the same time of year, more commonly in spring and autumn.

There are two types of cluster headaches:

Episodic -
The headache clusters are separated by 'headache free' periods of one month or more.

Chronic -
The headache clusters are separated by 'headache free' periods of less than one month, or are not separated at all. Roughly 10% of cluster headaches are chronic.

Cluster headaches often wake people up about 1-2 hours after they go to bed, at the same time each night, or in the early hours of the morning. The pain tends to start suddenly with no warning and lasts between 15 minutes and three hours (although they often last less than an hour).

This pain is frequently accompanied by other symptoms, such as:

- Watering from the eye
- Redness of the eye
- Drooping and swelling of the eyelid
- A smaller pupil during the attack
- Sweating of the face
- A blocked or runny nose on the affected side of the face
- A feeling that the ear is blocked

Causes

Research has suggested that cluster headaches are caused by increased activity in an area of the brain called the hypothalamus. However, it is not known what causes the hypothalamus to act in such a way.

Cluster headaches can be triggered by other means, such as:

- Drinking alcohol during the headache period
- A sharp increase in body temperature
- Inhaling nitroglycerin (a medication which causes blood vessels to enlarge)

Treatments and Prevention

Cluster headaches cause a lot of suffering, but they are not life threatening. They cannot be treated with over-the-counter painkillers and people affected should therefore be treated at a specialist clinic. There are two main types of treatment:

- Those that **relieve** the pain of cluster headaches
- Those that **prevent** cluster headaches

To relieve cluster headaches, treatments include:

-Sumatriptan (a drug treatment)

-Oxygen therapy

This involves a patient inhaling a high flow of pure oxygen for roughly 15 minutes, at the beginning of every attack, up to five times a day.

To prevent cluster headaches:

If cluster headaches occur very often, or last for longer than three weeks at a time, preventative treatments are advised. These treatments involve prescription medications. Preventative treatments should be given under the close care and guidance of a specialist.

Another possible treatment is an **occipital nerve anaesthetic block**. This treatment involves the injecting of a local anaesthetic into the back of the head, which relieves the pain for some time; usually several weeks. This treatment seems to be effective for some sufferers, although there is a lack of research evidence for this procedure.

Other treatments (homeopathic)

Some people may turn to natural, homeopathic remedies to ease their headaches. Homeopathy is an alternative to typical, western medicine. It is a treatment based on the use of highly diluted substances, which practitioners claim can cause the body to heal itself. However, the benefits of homeopathy are sometimes viewed with uncertainty, as it is argued to be scientifically implausible. However, it may still prove effective for some people.

Voluntary regulation aims to protect patient safety, but this does not mean that these treatments have been scientifically proven as effective.

Homeopathy is not available on the NHS in all areas of the country, but there are several NHS homeopathic hospitals and some GP practices also offer homeopathic treatment. For more advice, talk to your GP.

When taking this route, it is important to be wary as there is currently no legal regulation of homeopathic practitioners in the UK. This means that anyone can practise as a homeopath, even if they have no qualifications or experience.

There are, however, a number of professional associations which can help you find a registered homeopath. For more information, see our 'Useful Contacts' section on page 38.

What about the future?

Most types of headache continue to affect people throughout their lives and are suppressed, rather than cured, by treatment.

Once it has been confirmed that the headache is not a signpost to a specific condition, and migraine, tension-type headache or cluster headache has been diagnosed, the affected person can be assured that there are few, if any, long-term risks that come with any of these kinds of headache. Although the symptoms cannot actually be cured by a course of treatment of any kind, individual attacks can be treated with painkillers, and regular treatment will suppress, though not stop, more frequent attacks.

Leaving any of these forms of headache untreated should not cause long-term physical damage. However, recent research may not agree with this belief, although more research needs to be carried out before any conclusions can be made. Suffering from headaches may well have an impact on social and working life.

Eating and drinking

Those who are sensitive to cheese, chocolate, citrus, alcoholic drinks and other related substances are aware of the need to avoid these and there is no reason for people to change their diet if they have not already made these links for themselves.

Stress

Stress is a well known trigger factor for headaches. However, migraines can also occur when stress is suddenly lifted, such as at weekends or on the first day of holiday. Keep a diary of your activities to gauge how stress affects you.

Changing habits

In order to manage migraines, it is important to have regularity in your lifestyle. Becoming tired, sleeping in, skipping meals, over-eating, too much exertion or no exertion at all, are all extremes to be avoided. Regular sleep, diet and exercise are good practice for most migraine sufferers.

Work

Anyone who misses work on a regular basis or whose work is impaired by headaches should seek advice about better treatment, whether pain-killing or preventative. It is unlikely to be possible to avoid all stress at work, though simple adjustments to the way work is organised may be helpful. It is important to note that operating machinery may not be appropriate when taking some medications. Check with your GP if you are unsure.

Driving

This is seldom an issue in migraine as the symptoms come on slowly enough for people to be able to pull over to the side of the road if they judge this to be necessary. No-one should be driving if their eyesight is affected or with a headache bad enough to interfere with their concentration. **Always check if it is suitable to drive on your medication.**

Health Professionals

Neurologist: a doctor who specialises in the diagnosis and treatment of people with brain or spine conditions.

Neurosurgeon: a specialist doctor who performs brain and spine operations.

Clinical Nurse Specialist: a nurse who specialises in a particular condition or conditions.

Neurophysiotherapist: a chartered physiotherapist who specialises in treating people with neurological conditions. A neurophysiotherapist will assess, plan and treat people with physical problems.

Occupational Therapist: a specialist health professional who offers practical support and advice on everyday skills and activities, for example, using equipment at home.

Speech and Language Therapist: a specialist health professional who assesses, plans and treats people with communication and swallowing problems.

Neuropsychologist: a psychologist specialising in the functions of the brain, particularly emotions and thinking skills such as memory, concentration and problem solving.

Useful Contacts

Headache:

The Migraine Trust has an extensive list of migraine clinics available nationwide on their website, here:
www.migrainetrust.org/factsheet-migraine-clinics-10783

The Migraine Trust
2nd Floor
52-53 Russell Square
London
WC1B 4HP
0207 631 6970
www.migrainetrust.org
(Research, training, information and support)

Migraine Action
4th Floor
27 East Street
Leicester
LE1 6NB
0116 275 8317
www.migraine.org.uk
(Research, medical advice and information)

IIH UK
64a Broadsands Drive
Gosport, Hampshire
PO12 2SD
www.iih.org.uk
(Information and support for Idiopathic Intracranial Hypertension)

NHS Choices

111

www.nhs.uk

(Medical advice and information on NHS Services)

OUCH (UK)

Organisation for the understanding of cluster headaches in the UK

Norham House
Mountenoy Road
Moorgate
Rotherham
S60 2AJ

Helpline: 01646 651 979

www.ouchuk.org

(Support, information and advice)

Mental Health Services:

Mind
15-19 Broadway
Stratford
London
E15 4BQ
020 8519 2122
contact@mind.org.uk
www.mind.org.uk
(Research, information and support)

Rethink Mental Illness
89 Albert
Embankment
London
SE1 7TP
0300 5000 927
advice@rethink.org
www.rethink.org
(Research, information and support)

Family Planning Clinic:

FPA
50 Featherstone Street
London
EC1Y 8QU
020 7608 5240
www.fpa.org.uk
(Research, information and support)

General advice:

Citizens Advice Bureau

www.citizensadvice.org.uk

(Visit the website to find information and your local CAB office. You can also find your local CAB in the phone book.)

Homeopathic organisations in England include:

Alliance of Registered Homeopaths

The Society of Homeopaths

British Homeopathic Association

Institute for Complementary and Natural Medicine

Further reading

Brain and Spine Foundation Publications:

Head Injury - Booklet
Meningitis - Factsheet
Subarachnoid Haemorrhage - Booklet
Stroke - Factsheet

These are all available to download for free via our website:
www.brainandspine.org.uk

The booklets are also available in print, on request.

References

Details of medical references used in this booklet are available at www.brainandspine.org.uk/references or on request from the Brain and Spine Helpline 0808 808 1000.

Editor: Emma Cowles

Thank you

We would like to thank everyone who contributed to this booklet, especially...

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Amy Halls
Barbara Stensland
Rachel Field

Notes

Notes

Brain & Spine Foundation

The Foundation provides support and information to those affected by the many conditions associated with the brain and spine. The charity relies heavily on voluntary donations and fundraising events to provide the services which have helped many thousands of people across the UK.

You can help the future work of the Brain & Spine Foundation by

- Making a donation
- Organising or taking part in a fundraising event
- Offering your time as a volunteer
- Remembering the Brain and Spine Foundation in your will

Further details available from the address/telephone number below or from www.brainandspine.org.uk.

Brain & Spine Foundation
LG01 Lincoln House, Kennington Park, 1-3 Brixton Road,
London SW9 6DE

Telephone (switchboard) 020 7793 5900
Helpline: 0808 808 1000
www.brainandspine.org.uk

Registered Charity Number: 1098528

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Brain & Spine Foundation

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