

Headache

Headache is a very common complaint. Almost two thirds of the world's population experiences headaches at one time or another. It is only rarely that headaches suggest a serious disorder. The head contains many structures that can produce pain including the sinuses, the eyes, the teeth and the ears. Contrary to popular belief, injury to the brain itself does not result in headache or pain of any sort because the brain has no pain sensitivity.

The intensity of headache is not a good clue to the seriousness of its cause. Mild headaches can be early warnings of a serious disease and excruciating ones can have trivial causes. There are many factors that, either alone or in combination, can lead to headaches. These include stress, too little or too much sleep, over-eating or drinking, a noisy or stuffy environment and heavy work indoors or outdoors. From a physiological standpoint there are, however, only two causes of headache pain. The first is strain on facial, neck, and scalp muscles, usually caused by tension. The second is swelling of blood vessels in the head area which results in strain within their walls. These two types are called tension headaches and vascular headaches, respectively, and account for 90 percent of all chronic recurrent headaches.



Tension Headache

Tension headache (or muscle contraction headache) is the most common form of headache. The pain is usually dull and generalized. It may feel as though someone were tightening a band around the head. There may be a burning sensation and tenderness of the scalp which may spread to the neck and shoulders. Occasionally the pain may be more concentrated in one part of the head than another. Symptoms stem from the tightening of scalp muscles, usually in response to tension, fatigue, or emotional stress. The headaches may come and go as episodes of stress recur.

Vascular Headache

Vascular headache arises when the large blood vessels of the scalp and head are displaced and stretched, pressing on sensitive adjoining tissue and producing pain. Tumors, blood clots, swelling of the brain, hypertension, and disease of the blood vessels can all cause vascular headache, but the overwhelming majority of vascular headaches are migraines.

Migraine Headache

Migraine headaches, which frequently run in families, are described as chronic, recurrent head pain that occurs due to a constriction and dilation of blood vessels. They are usually triggered by outside events. Among the triggering events may be menstruation, diet, fatigue and exposure to bright lights.

About 20 percent of adults, predominantly women in the reproductive years, suffer from migraine. The pain is usually (but not always) located over the temple on one side of the head. It is usually throbbing and severe, with tender, distended scalp arteries. Sometimes the artery is visibly pulsating at the temple. The symptoms are worse with sudden head movement or exertion and may last hours or days. They may recur at irregular intervals or strike several times a week. Nausea, vomiting, diarrhea, dizziness and sensitivity to light may accompany the headache.

Types of Migraines

Classical migraine accounts for 20 percent of all cases but gives the condition its name ("migraine" is derived from the Greek "hemicrania," meaning "half of the head"). There is forewarning of the attacks by an aura, caused by constriction of the blood vessels, lasting 10 to 40 minutes. The aura can consist of light flashes, geometric patterns, visual loss in one or both eyes, tingling in the fingers and tongue, mild confusion and slurred speech. The aura is followed by a pounding headache that always strikes the same side.

Common migraine involves the entire head. It usually lacks the warning aura.

Complicated migraine is characterized by paralysis of eye movement, weakness or paralysis of the limbs, vertigo, tingling, blindness and even loss of consciousness.

Cluster migraine is a variant of migraine that is more common in men over the age of 40 than in women. Attacks occur in clusters, sometimes two or three times in 24 hours for days or weeks. The attack can cause one to wake from a sound sleep. Pain usually centers on one eye. An individual episode lasts 30 to 90 minutes. Often the affected eye streams and the nose runs or is blocked. An individual can experience a series of attacks, then be migraine-free for years.

Treatment

One or more of the following measures should ease a simple tension or vascular headache. First, try to relax. Stretch and massage the muscles of your shoulders, neck, jaws and scalp. Take a hot bath, lie down, and place a warm dry, cloth or, if it feels better, a cold wet one, over the aching area. Drink plenty of juices or other non-alcoholic liquids, and take a mild pain medication such as aspirin. A nap or good night's sleep is often the best treatment.

Certain substances may trigger migraines. People who suffer from migraines are sometimes able to identify alcohol, chocolate, cheese, shellfish and foods containing nitrites or MSG as agents that provoke a headache. Changing the diet to eliminate these foods may be helpful. Women with migraine should also consult their practitioner before using oral contraceptives. Low blood sugar can cause headaches, therefore it is important to establish regular mealtimes. Rest and avoidance of stress are important as well.

Drugs used in the treatment of migraine headache fall into two categories: those used for the acute attack and those for prevention of future attacks (prophylaxis) and are best determined by one's primary practitioner.

A headache that occurs alone and disappears overnight is probably no cause for concern. If headaches persist for more than 24 hours or recur as often as two to three times a week, or if you have other symptoms in addition to headache, consult your health care provider. If you have any questions, call the Student Care Center Nurse during SCC business hours at 702-1915.

For more information: National Headache Foundation <http://www.headaches.org/>