

HEADACHES

What do they mean?

There are many *types of headaches*, with different causes that require their own treatments. Which one is causing you pain?

By **GLYNIS HORNING**

WE ALL GET HEADACHES once in a while, and mostly there is no reason to worry. The pain is simply the result of the signals between your brain, blood vessels and the nerves around them, and can be set off by anything from stress to second-hand smoke, skipping a meal to sleeping problems, says headache specialist Dr Elliot Shevel of The Headache Clinic in Joburg.

But occasionally they can signal a serious underlying condition. It's good to know the difference.

Tension headaches

These are the most common headaches, and estimated by the World Health Organization (WHO) to affect 78% of people at some stage. They can last from 30 minutes up to several days, and are often triggered by stress, anxiety, depression, neck strain, missed meals and inadequate sleep.

SPOT THEM The pain is a mild to moderate, tightening band-like pain felt on the front, top and sides of the head. There's no nausea or vomiting, and these headaches don't usually get worse with physical activity, but they may cause sensitivity

when you are exposed to bright light or noise.

TREAT THEM Over-the-counter pain relief is usually adequate – paracetamol, ibuprofen or aspirin will do, says Dr Shevel. Meditation, relaxation, gentle neck stretches and massage may help, as well as warm or cold compresses. For chronic tension headaches, cognitive behavioural therapy may help to manage stress.

Sinus headaches

One of the most commonly diagnosed headaches, says Dr Shevel, though mistakenly believed to be caused when a sinus is inflamed and infected.

SPOT THEM Sufferers complain of deep, persistent pain between the eyes or in the cheekbones and forehead, made worse by moving the head suddenly or lying down. They often report this along with other sinus symptoms, such as a blocked or runny nose, blocked or sore ears, fever and face swelling.

TREAT THEM Visit your health-care provider for a diagnosis to determine the real cause, says Dr Shevel. "There is no such thing as a "sinus headache". Just because the pain is in the area of the sinuses, or because you have a post-nasal drip or

blocked nose when the pain strikes, doesn't mean sinuses are responsible. In fact, when the underlying cause of the headache is found and treated, sinus problems often clear up.'

Migraines

These affect some one billion people worldwide, and about twice as many women as men. Migraines can have different triggers, but the most common are stress, and hormone-related for women during their menstrual cycle. Insomnia, smoking and skipping meals may have a role, or certain foods, such as chocolate or citrus.

'It's important to realise that the pain in a migraine never comes from the brain,' Dr Shevel says. 'It originates either in the blood vessels of the scalp, or in the jaw and neck muscles, or in both.'

SPOT THEM Migraines are characterised by piercing and throbbing pain, usually on one side of the head but sometimes both, and sensitivity to noise, light and smells, and are often accompanied by nausea and vomiting. They go on for four to 72 hours without treatment. Some sufferers have an 'aura' before the migraine strikes, when they see spots or lines.

TREAT THEM When over-the-counter painkillers such as ibuprofen, paracetamol or aspirin don't work, a course of prescription medication may. Antidepressants, beta blockers and anti-epileptics are the three types used, says Dr Shevel. 'Unfortunately, they are very ineffective for most sufferers, and have so many unpleasant side effects that they're only used in severe cases – and even then most patients stop using them.'

The most effective way to treat migraines is to have an expert diagnosis of where the pain is coming from, he says. 'What is actually needed is a multidisciplinary assessment. For instance, a neurologist will examine the brain and nervous system; a dentist, the teeth; and a physiotherapist, the muscles. This enables all the members of the medical team to provide a co-ordinated treatment plan so all the contributing factors are addressed. The assessment must include a thorough exam of the head and neck muscles, to determine the presence of abnormal tension, and of the external carotid vasculature (the main artery that carries blood to the neck and head), to determine if there is an arterial element to the pain.'

Resting in a dark room, with a warm or cold compress, and a massage also help.

Cluster headaches

These affect only about one per cent of people, but are among the most severe kinds of headache. They generally affect men more than women, and smokers.

SPOT THEM This type occurs in groups ('clusters') or cycles. Most start suddenly, with an intense burning or throbbing pain on one side of the head, frequently behind one of the



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SEE A
DOCTOR
STRAIGHT
AWAY IF...

- You have a sudden severe headache unlike anything you've had before.
- You have a headache that won't go away and keeps getting worse.
- You have a headache after a fall or any injury

(especially to the head) or illness.

- You have a headache after physical activity (such as running, cycling or sex).
- You also have a fever, stiff neck, double vision, rash, weakness, confusion,

numbness or experience difficulty speaking.

These signs suggest a potentially very serious underlying condition such as a stroke. See your GP as soon as possible for a diagnosis and treatment.

eyes, which causes it to water and your nose to run. The pain can be so intense that sufferers find it hard to sit still, and pace. These headaches are over fast – usually between 15 and 180 minutes – but can occur up to eight times a day during a 'spell', which can last from two weeks to three months.

'The pain is so severe that they are known as "suicide headaches",' says Dr Shevel. In the US alone, the suicide rate among cluster headache sufferers is 20 times that of the national average.

TREAT THEM As bad as they are, cluster headaches end swiftly, so treatment needs to be fast-acting. Ask your doctor or headache specialist about injectable medications, prescription nasal sprays or oxygen therapy (breathing pure oxygen through a mask). 'But the best way to treat them is with surgery, to provide permanent relief,' Dr Shevel explains. ■

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