

UNDERSTANDING HEADACHES

HEADACHES COME IN MANY FORMS AND INTENSITIES, SO THE CORRECT DIAGNOSIS IS THE FIRST STEP TOWARDS EFFECTIVE TREATMENT.

BY PIPPA NAUDÉ

RYAN USSWALD, 42 (FROM CONSTANTIA KLOOF IN Johannesburg) experienced cluster headaches for seven years. He says, “The best explanation I can give is when you hit your thumb really hard with a hammer, and start jumping up and down and swearing. Cluster headaches are similar in that they make you sweat, cry, scream and rage, because the pain is unbearable. It felt like my face was being ripped off.”

You can witness this, with a quick search of ‘cluster headache’ on YouTube. The people in the videos are writhing, shrieking, and even hitting themselves.

Ryan’s attacks would last anything from 15 minutes to a few hours. “I used oxygen, ice packs, hot water bottles, and I even tried epilepsy medication as part of a medical trial... nothing stopped the pain,” he says.

The impact on his life was huge. He was often exhausted from lack of sleep. He didn’t want to go out at night or socialise, because he didn’t know when he would be struck by an attack. The onset of a headache while driving can be potentially dangerous, too which restricted his movements. The effect on his family was probably the hardest thing: “My wife and son would be crying helplessly, while watching me during an attack.” Considering all of this, it is no surprise that cluster headaches are also called suicide headaches.

KNOW THY HEADACHE

The scope of headache causes and severity is huge. The International Headache Society has

WHO GETS HEADACHES?

Everyone can be affected by headaches, including children, although most chronic conditions typically onset during puberty. They also tend to affect three times more women than men. Dr Shevel explains that this is due to hormonal fluctuations that occur during the menstrual cycle, “which means that after puberty, girls are affected by an additional trigger which boys don’t have.”

classified over 150 different types of headaches. These range from the fairly innocuous, such as brain freeze or dehydration headaches (including from hangovers), to ear infections, concussion or high blood pressure, not to mention the potentially fatal meningitis, brain aneurysm or brain tumour. The variety in headaches means correct identification is the first step to appropriate treatment.

An important distinction in headache type, and therefore treatment, is whether they are primary or secondary. The examples listed above are all secondary headaches. This means the headache is a symptom of another problem – such as dehydration, an ear infection, high blood pressure,

DO CHILDREN OUTGROW HEADACHES?

Headaches may get better as your child gets older. The headaches may disappear and then return later in life. By secondary school, many boys who have migraines outgrow them, but in girls, migraine frequency increases because of hormone changes. Migraines are three times more likely to occur in adolescent girls than in boys.

WHAT IS AN AURA?

About 15–20% of people with migraine get an “aura”, which is a manifestation of neurological symptoms that occurs before a migraine headache. You may see wavy or jagged lines, dots, or flashing lights; or you might experience tunnel vision or blind spots in one or both eyes. The aura can include visual or auditory hallucinations and disruptions in smell (such as strange odours), taste, or touch. Other symptoms include numbness, a “pins and needles” sensation, or difficulty in recalling or speaking the correct word. These neurological events may last as long as sixty minutes and will fade as the headache begins.

DOES WEATHER AFFECT MIGRAINES?

Bright sunshine, hot, humid conditions, and drastic changes in barometric pressure may lead to, or “trigger,” a migraine attack in some migraine sufferers. However, studies have shown that weather does not act as a trigger for everyone who has migraine.

and so forth. In these cases, treating the problem will make the headache symptom disappear.

In the case of primary headaches, the headache is the actual problem, and needs to be treated directly. With the latest advances in diagnosis and treatment, primary headaches such as migraines, tension headaches and cluster headaches can now be successfully treated, says Dr Elliot Shevel, the Chairman of The South African Headache Society and Medical Director at the Headache Clinic (www.theheadacheclinic.net).

A BIG PROBLEM

Treating headaches as a serious health disorder is a relatively new development. For example, in 1990, headaches did not even feature on the Global Burden of Disease Study (GBD1990). But by 2013 the GBD placed them near the top of the list, as the third cause of world disability, measured in years of life lost to disability (YLDs). This is in part due to the prevalence of headaches in the general population and in doctors’ waiting rooms, as well as the severity of certain headaches which can temporarily disable the sufferer – and by as much as if they were a quadriplegic, according to the World Health Organization.

Dr Shevel stresses, “Severe headaches may not be life-threatening, but they can, and do ruin peoples’ lives, their jobs, and their family and other relationships.”

Dr Shevel treats about a hundred patients each month for chronic headache conditions, with sufferers coming from both South Africa and around the world. Nationally, he says that approximately 12% of the population seek medical attention for their headaches.

COMMON HEADACHES

The five most common headache types that people seek medical treatment for are listed below:

MIGRAINE

Migraines affect roughly 959 million people a year, according to the 2015 Global Burden of Disease Study (GBD2015).

- **Symptoms:** A very intense type of headache. The International Headache Society (IHS) broadly splits migraines into two types: those with auras, where migraine is preceded by the sufferer seeing spots, lights or blurry lines, and those without auras. To classify a migraine without an aura, IHS says at least two of the following symptoms should be experienced: nausea, vomiting, or sensitivity to light or sound or smell.
- **Duration & frequency:** Migraines can last anywhere from hours to days, and can occur many days a week to once a year.
- **Cause:** The medical profession does not know what causes migraines, although a genetic link has been established. Some sufferers are able to identify triggers that contribute to a migraine attack. However triggers should not be confused with causes. Migraine.com lists some of the more common triggers, such as certain foods (20% of migraine sufferers have a food trigger, says Dr Shevel), missing meals, hormonal changes, weather changes, stress, certain smells, alcohol or drugs, too little or too much sleep, too little or too much physical activity, or even sex.
- **Treatment:** Most migraine sufferers have been diagnosed, and prescribed appropriate medicine to manage the pain. Lizeth Kruger, a registered nurse and Clinic Manager for Dis-Chem Pharmacies, recommends these are taken as soon as any early warning signs for a migraine are experienced, such as auras. She adds that it is important to not drive or operate any machinery after taking medication. It is also good practice to identify migraine triggers, in order to avoid them where possible.



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TENSION-TYPE HEADACHE (TTH)

This is the most common type of headache, affecting roughly 1.5 billion people, according to the GBD2015.

- **Symptoms:** Tension headaches are usually described as a tightness or pressure around the head, which sometimes affects the neck. The pain is normally a moderate, steady ache.
- **Duration & frequency:** These headaches may last a few hours to a few days, and can be episodic or chronic. Episodic tension headaches are more common and occur less than 15 days a month, while chronic tension headaches occur more than 15 days a month.
- **Cause:** Stress-related tension or musculoskeletal problem in the neck is believed to cause these. Skipping meals, alcohol or changes in sleep patterns can also contribute to bringing on one of these headaches.
- **Treatment:** Over-the-counter medicines can be used to treat tension headaches. Lizeth suggests taking an anti-inflammatory* with paracetamol. Relaxation techniques can also help, where stress is a causal factor.

** Lizeth cautions that it's important you do not take anti-inflammatory medication for more than three consecutive days, as this can damage your stomach lining. Should you need additional pain relief, rather speak to a pharmacist or doctor.*

CLUSTER HEADACHE

Cluster headaches are the most painful type of headache, and are five to six times more common in men, unlike other types of headaches.

- **Symptoms:** As described in Ryan's story, these are excruciating headaches, and can be felt as a knife-like pain. They are usually focused around one eye, and can cause redness in the eye, tears, a drooping eyelid, and a blocked or running nose on the affected side of the face.

- **Duration & frequency:** These headaches tend to be brief but frequently occurring. Bouts, or clusters, of headaches can last weeks or months, with one to three headaches happening a day.
- **Cause:** Often the pain is due to nerve activity in the face. In Ryan's case, a dilating artery would put pressure on his trigeminal nerve, and squeeze it against his skull. The reason this happens isn't really known, but it is thought the hypothalamus (the part of the brain that controls hormones) could play a role. Cluster headaches don't normally have triggers, but drinking alcohol once a cluster period has begun is likely to intensify the headaches.
- **Treatment:** Because these headaches come on so abruptly, and can be short-lived, they are difficult to treat. However there are some fast-acting medications available, including self-administered injections. Dr Shevel has also successfully cured a number of sufferers, including Ryan, through his medical breakthrough procedure. This is a minimally invasive surgery that closes targeted arteries so that they cannot dilate and subsequently put pressure on, and trigger pain in, nearby nerves. It is a day procedure, and Ryan has now been headache-free for a few years.

SINUS HEADACHE

This is one of the most common headache misdiagnoses made by doctors and headache specialists, says Dr Shevel, as normally those who have been diagnosed with it have nothing wrong with their sinuses. The confusion is due to the pain being felt in the area of the sinuses. However migraines and tension headaches can cause pain in the same area. This misdiagnosis is why there is little success with treating sinus headaches.

- **Symptoms:** It's felt as a dull throbbing pain in the front of your face, in the area around your eyes or nose. A true sinus headache will also be accompanied by yellow or green mucus, bad breath, a cough or fever.
- **Cause:** Acute sinusitis causes your sinuses to become inflamed and blocked, which creates an uncomfortable pressure. Sinusitis is usually caused by an allergy or infection. Genuine sinus headaches are secondary headaches.
- **Duration & frequency:** These headaches will last for as long as the sinus infection remains severe.
- **Treatment:** If you treat the sinus infection, the associated headache will disappear. Lizeth suggests a nasal spray to clean out your sinuses, but adds, "If the inflammation persists, you will need to see a doctor who can prescribe cortisone." It is important to ensure you have a correct diagnosis for sinus headaches, otherwise the treatment will be ineffective.

MEDICATION-OVERUSE HEADACHE (MOH)

This is a secondary headache disorder caused by the chronic and excessive use of medication to treat headaches. By using certain medications that actually trigger worse, more frequent, migraines, the sufferer gets trapped in a downward spiral of increasing migraines and medication dependency.

- **Symptoms:** MOHs require increasingly more painkillers, taken more frequently, to stop the pain. It can be accompanied by nausea, restlessness, difficulty concentrating, memory problems or irritability.
- **Cause:** Previously also known as a rebound headache, these headaches are the result of excessive use of painkillers for

the treatment of headaches, which result in your body building up tolerance towards them. They are secondary headaches.

- **Duration & frequency:** These headaches are normally experienced 15 or more days a month, for at least three months. They occur most days, often waking the sufferer up in the early morning.

- **Treatment:** These are very difficult headaches to treat; the best approach is to treat the original cause of the pain, so that the use of pain relief medication can gradually be eliminated without triggering withdrawal.

WHEN TO SEE THE DOCTOR

Dr Shevel advises, "One should seek medical attention when the headaches are affecting your lifestyle, or if you have to take painkillers regularly. If you carry painkillers in your handbag, then you need help, as regular use of painkillers can make the headaches worse in the long run." **B**

