

Headaches

Headaches are one of the most common complaints that people suffer from. The plethora of medication now offered especially over the counter is an indication of just how much this everyday pain is present. What is perhaps less well understood is the classification of different types of headaches and the appropriate signs, symptoms and consequent treatments. The recent International Classification of Headache Disorders 2nd edition document in 2004 listed over 100 types of headaches. The three main types of headaches which people are probably familiar with are:

Migraines
Tension Headaches
Cervicogenic Headaches

Migraines

Migraines are a unique type of headache which can be severely debilitating for the individual. They can be of varying degree in terms of duration and intensity, but they share some common characteristics which can be useful in diagnosing the condition.

Signs and Symptoms

Migraines are usually unilateral (one side of the head is usually painful)

Aura is sometimes present. Aura is a feeling that often precedes a migraine. These disturbances can include:

Bright lights

Zigzag lines

Slowly spreading spots

Shimmering, pulsating patches often curved

Blind or dark spots in the field of vision

Hearing voices or sounds (auditory hallucinations)

Strange smells (olfactory hallucinations)

Feelings of numbness or tingling on one side of the face or body.

Being unable to understand or comprehend spoken words during and after the aura.

Although aura can be a particularly unpleasant experience, it can also serve as a valuable warning sign for the individual that a migraine is going to happen and it may be prevented with suitable medication.

Nausea and vomiting may be associated with the migraine

The nature of the pain is normally throbbing and pulsating

The intensity of the pain is often severe.

Individuals often report being sensitive to bright lights or sensitive to noise

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The migraine usually lasts between 4-72 hours.

As it is a unique form of headache it is usually well recognized by the individual and can be differentiated from the other types of headaches they may suffer from as well.

Treatment

Medication – simple painkillers such as paracetamol or anti-inflammatory drugs may provide relief. However stronger painkillers such as a group of drugs called ‘Triptans’ may be needed. In severe cases where the individual suffers from regular migraines, preventative drugs may be used to reduce the risk of a migraine developing. In all instances **you must** consult your doctor before taking any medication
Diet – foods such as chocolate, red wine, cheese, aspartame (artificial sweetener) and coffee have been linked with triggering migraines and other headaches (Scharff et al 1995). Close monitoring of types of foods eaten and timing of headaches may provide the individual with clues as to certain triggers which may be other food types as well.

Leave it – sometimes an individual is so accustomed to suffering from migraines, they know that the best form of treatment is ‘to get through it’. This may mean having to take time of work or school until symptoms resolve.

Physiotherapy – is normally not effective in treating migraines if they present with no evidence of any other type of headache.

Acupuncture – some individuals have found relief using acupuncture.

Tension Headaches

Tension headaches are extremely common. They are more prevalent amongst people who are stressed and live a busy lifestyle. These headaches are often brought on by an increase in working hours, less sleep, more stress in personal life and other factors which may contribute to an individual feeling less relaxed.

Signs and Symptoms

The headache feels like a tight band across the forehead. It can be described as the feeling of wearing a tight cap. It is pressing although not pulsating.

It is usually bilateral.

It is usually mild to moderate in intensity

It can last from a 30 minutes to several days

It is not usually made worse by physical activity.

Nausea and vomiting are not usually present.

Light sensitivity and/or noise sensitivity are not usually present (one maybe).

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Treatment

Massage can often be beneficial in reducing the tightness and tension in the muscles of the back, shoulders and neck which may be a direct cause of a headache.

Relaxation and stress relieving techniques may also be beneficial. Treatments like yoga, Pilates, acupuncture and meditation may help in reducing the everyday stresses and tensions.

Physiotherapy can be useful in providing advice on ergonomics and posture at work which may be a factor in exacerbating symptoms. Strengthening exercises for the postural muscles of the neck and shoulders may also benefit by reducing the tension held in other muscles and provide more support for the head and neck in upright positions.

Cervicogenic Headache

The term 'cervicogenic' means 'relating to the cervical spine'. Headaches arising from the cervical spine are attributed to the upper three cervical joints (nearest the base of the skull). The trigeminal nerve (which supplies the head) has a close relationship with the upper three cervical joints. This means that there is a two way relationship: headaches can refer pain to the upper neck and neck pain can refer pain into the head. The history of a cervicogenic headache may relate to a previous neck injury, such as whiplash. However the onset may be insidious and related to normal degenerative changes in the joints and muscles of the neck.

Signs and Symptoms

The pain is usually unilateral and associated with the side of neck pain.

The frequency of the headaches is more variable than with other forms of headaches.

The headaches may be associated with prolonged postures, movements of the head or any physical activity which may increase the load and stress placed on the joints.

There may be restriction in the range of movement in the neck

There is usually pain with palpation of the joints and muscles of the affected area.

There maybe shoulder or arm pain.

The pain usually starts in the neck and there is a relationship with the onset of neck pain and onset of headaches.

The intensity of headaches is moderate to severe

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Treatment

Careful assessment by a physiotherapist can help identify if there is a cervicogenic component to the headache. Assessment of range of movement, joint mobility, neural mobility, posture, muscle imbalances and strength will help guide the therapist to an appropriate treatment plan.

Joint mobilizations and manipulations will be used to improve any restrictions in range of movement. Posture will be assessed and corrected with appropriate advice given on ways to reduce the stresses placed on the neck throughout the day. This may involve modifying your workstation.

Certain strength exercises for particular muscle groups in the neck and shoulder may be prescribed to improve postural control of these areas and strengthen muscles which may be weak due to previous trauma.

Conclusion

It is worth remembering that although there are certain criteria and characteristics for various headaches, an individual may present with features of more than one type. A physiotherapist or sports physician here at Pure Sports Medicine will be able to assess and advise you on the appropriate management of your complaint.

References:

Scarff L, Turk D C, Marcus D A 1995 Triggers of headache episodes and coping responses of headache diagnostic groups. *Headaches* 35: 397-403.