

HEADACHE

Headaches are very common in today's society. It is estimated that about 50-80% of the population have a headache at some time in their life. At any one time headaches affect about 20-50% of the population. An Age newspaper survey recently revealed that 19% of the population suffer from regular headaches, most of these having been diagnosed as migraine-type headaches.

What is migraine?

Migraine headaches (otherwise known as vascular headaches) are due to abnormality of the blood vessels in the head, leading to increased blood flow through the brain and hence the throbbing nature of migraines. Classical migraines begin with an aura, consisting of flashing lights or other visual disturbance, and then headache to follow. An equally common variety of migraine, termed "migraine without aura", is defined as a recurring headache on one side of the head, each headache lasting between 3 and 72 hours.

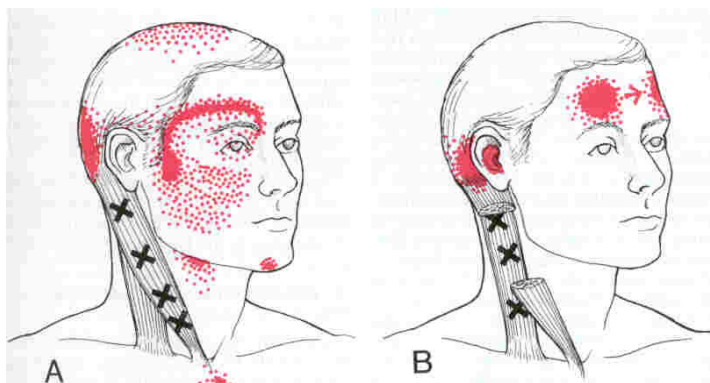
In order to diagnose a headache as a migraine it must be very severe in nature, affecting only one side of the head at a time, and usually associated with nausea, vomiting and intolerance of bright lights and loud noises. It is more common in young women aged between 20 and 40, and often runs in families. It may be triggered off by food and other factors including stress, and may occur at a regular time in the hormonal cycle.

Tension headache

Tension headaches are probably the most common type of headache experienced, and these are a generalised ache throughout the whole of the head associated with generalised neck tightness and muscle soreness. It is said to be precipitated by stress. Principles of treatment are simple enough; reduce the tension and stress and the headaches won't tend to occur as much. Massage and relaxation are particularly helpful for this type of headache.

Cervicogenic headache

Headaches may also be caused by dysfunction of the neck, and although largely ignored by many neurologists, headaches arising from neck dysfunction probably account for 25% of all headaches. Headaches from the neck are termed "cervicogenic headache" (i.e. from the cervical spine). Cervicogenic headaches typically occur on one side of the head and often begin at the back of the head and radiate forwards to the region behind the eyes. Usually there is some associated restriction of neck movements and pain may be reproduced by certain neck movements or postures.



Pattern of referred headache pain from sternomastoid muscles

The pain in the neck may be felt locally, or it may be felt locally with spread of pain into the head, or it may be felt in the head alone without any symptoms in the neck at all.

Comprehensive spinal and joint care

Musculoskeletal Medicine ♦ Rheumatology ♦ Sports Medicine ♦ Orthopaedic Surgery ♦ Physiotherapy ♦ Pilates
Osteopathy ♦ Psychology ♦ Massage ♦ Hydrotherapy ♦ Nutrition ♦ Ergonomics ♦ Rehab gymnasium

Other symptoms associated with cervicogenic headache may include vertigo, dizziness, blurred vision, facial flushing, ringing in the ears and nausea. Although the pain usually starts at the back of the skull and radiates forward, it may be felt anywhere in the head.

Other causes of headache

There are many other less common causes of headache, some of which have very characteristic patterns, such as cluster headaches in which there are recurring bouts of stabbing pain over one side of the head which tend to occur at the same time of the night every night for clusters of days or weeks followed by often quite long painfree periods.

Diagnosis of headache

There is no one single test that will show the cause of pain. Often the diagnosis is made in retrospect on the pattern of the headaches, combined with the response to various treatments. Typically, migraine type headaches respond to drugs that alter the state of the blood vessels. Typical drugs used in the acute phase include Caffeine and Ergotamine, which cause constriction of the blood vessels. If these drugs are not effective at all, it suggests some other cause of the headache.

If the headaches are continuous and severe, and are progressively worsening over time, then further investigations should be performed to exclude more serious conditions such as brain tumours. However, brain tumours rarely present with headache alone. The more common presentations are associated with other neurological signs such as numbness, loss of function in the limbs, or the commencement of epileptic fits.

Management

The doctors at this clinic have the necessary skills to assess whether your headaches may be originating in the neck or not. In order to diagnose whether the headaches may be coming from the neck, usually a trial of treatment is offered, initially offering manual therapy to the neck and seeing if this affects the headaches. Some significant improvement should be seen within 4 visits, chronic problems may take longer. The osteopaths, physiotherapists and masseurs at this clinic all have training in this area.

Other treatments include acupuncture, aiming to relax tender or tight muscles in the upper neck, or local anaesthetic injections directed at some of the muscles and deeper joints or the nerves at the base of the skull. Injections over the greater occipital nerves have been reported as having a positive effect on almost all types of headaches.

Where headaches appear to be arising from the deeper joints in the upper neck and there is either only temporary or partial relief following simple techniques described above, then further diagnostic injections under x-ray control may be appropriate. These include injections into the joints at the 0-C1 and C1-2 and C2-3 levels, or blocking of the nerves of the upper neck. If helpful in providing temporary relief, then radiofrequency denervation techniques may provide relief for up to 12 months at a time.

Stress

Almost all types of headaches can be brought on by stress and the use of relaxation should be considered in all persisting or difficult to treat headaches. Psychologists can help with stress management, relaxation and hypnotherapy. Adequate sleep is also important and may be a trigger factor for headache. The tricyclic antidepressant group of medications can be particularly useful in helping regulate sleep and control pain.

Diet

A small number of people have headaches triggered off by certain foodstuffs or environmental triggers. Recent research has shown that Vit B2 and Magnesium may be useful as prophylactic agents to help reduce the frequency of migraine attacks with few if any side effects.