What kind of headache do you have?
Less than 2% of the population have never had a headache. Most of us get them from time to time and they are usually resolved with a couple of painkillers, a rest or something to eat. However, headaches that are more frequent and/or severe can cause concern and disrupt family, social and working life. They usually fall into one of the following categories:

**Tension headache**
These often occur as a result of stress and/or depression. The pain starts gradually, is mild to moderate and does not usually affect the ability to carry out normal daily activities. Sufferers describe it as a feeling of pressure or a tight band around the head. Painkillers can provide temporary relief but sometimes this type of headache can last for several days and it is better to treat the cause rather than the symptoms. Relaxation techniques can be helpful in the treatment and long term prevention of tension headache. If depression is the underlying problem, counselling or anti-depressants may help.

**Muscle contraction headache**
Neck pain or muscle spasms in the head or neck can cause headache. The pain can be relieved by heat, cold or painkillers. Massage can sometimes help, as can relaxation exercises, if practised regularly. Treatment of the underlying cause can give partial or complete relief.
Migraine
12 - 15% of the UK population suffers from migraine. This is more than just a headache. It affects people of all ages, usually starting in the young, but is most common in the 20 - 50 year age group. Around two thirds of sufferers are women.

The most common form is migraine without aura (previously known as common migraine). The pain can be intense, is described as pulsating, often occurs on one side of the head only and is made worse by movement, so that sufferers want to rest and keep still, preferably in a quiet, darkened room. In addition, sufferers can experience increased sensitivity to light, sound and strong smells and may suffer gastro-intestinal disturbances such as nausea, vomiting or diarrhoea. An attack can last from 4 hours to 72 hours and sufferers may feel drained for a couple of days after that. The average number of attacks is one or two a month and sufferers are completely symptom free between attacks.

Although migraine attacks are unpredictable and can occur at any time, some sufferers experience warning signs (prodromal symptoms) that an attack is on the way. These include feelings of confusion, lack of concentration, a feeling of boundless energy or extreme lethargy, excessive yawning etc. Prompt action at this stage can sometimes prevent an attack from developing.

Migraine with aura (formally known as classic migraine or focal migraine) is usually the same as migraine without aura, with the addition of neurological disturbances lasting 15 minutes to an hour before the commencement of the headache. These are typically visual disturbances such as blind spots, flashing lights or zig zag patterns in the vision, but can include tingling, pins and needles or numbness in the limbs or problems with co-ordination and articulation (e.g. getting words mixed up). Some people experience the aura only, without the development of other symptoms or with only a mild headache.

Whilst there is no prescribed medication that can be taken for the aura part of the attack, complementary therapies, such as magnesium (400mg daily), vitamin B2 (150mg - 400mg daily), Co-enzyme Q10 (150mg daily), Omega 3 fish oil, and a reduction in caffeine, have proven to be effective at reducing aura symptoms for some individuals. Feedback from Migraine Action members have also told us that the calcium channel blocker amlodipine helps reduce symptoms by increasing blood flow to the brain; this drug isn’t licensed for use in migraine but your GP may prescribe this medication if your aura symptoms are affecting your quality of life.
**Abdominal migraine** describes recurrent and episodic attacks of abdominal pain lasting for several hours with complete freedom from symptoms between attacks. It usually occurs in children in whom all investigations for other causes of abdominal pain are normal. Studies have suggested that many of these children outgrow the abdominal symptoms and go on to develop typical migraine. It is unusual for adults to develop “abdominal” migraine without the more usual accompanying symptoms of headache and nausea etc.

There is only one triptan licensed for use in adolescents from the age of 12 years - sumatriptan (Imigran nasal spray). Domperidone (Motilium) is very effective to combat the nausea aspect of abdominal migraine and can be bought over-the-counter at a chemist for both children over 16 years and adults. Metaclopramide is also available for both adults and children but you will need your GP to prescribe this medication.

**Menstrual migraine:** over half of the women who suffer from migraine feel that their attacks are linked to their menstrual cycle. However, true menstrual migraine, associated with known hormonal triggers, is defined as attacks which occur within two days either side of a monthly period and at no other time. Hormonal factors are one of many triggers for migraine and women can be more susceptible to other factors around the time of their period.

**Frovatriptan (Migard):** Many migraine experts recommend this off-licence acute treatment option because in their clinical judgement its long acting nature may be beneficial for this type of migraine. Due to the nature of menstrual migraine, individuals may medicate heavily around the time of their monthly period; frovatriptan has a longer half life which means up to 50% of the actual medication stays in the body for up to 26 hours; individuals will only need to take one a day, therefore reducing the risk of medication overuse headache.
Rare varieties of migraine

Hemiplegic migraine
This is a rare condition which has been linked to a genetic abnormality and it is being more readily diagnosed by the medical profession in the UK. Symptoms include temporary paralysis down one side of the body, which can last for several days. Other symptoms include vertigo or difficulty walking, double vision or blindness, hearing impairment, numbness around the mouth leading to trouble speaking or swallowing. These symptoms are often associated with a severe one-sided headache. This form of migraine may be confused with a stroke, but the effects are usually fully reversible and there are specific treatments available.

This should not be confused with temporary numbness which can be a symptom of migraine with aura.

There are two types of hemiplegic migraine:

- **Familial hemiplegic migraine** is where migraine attacks occur in two or more people in the same family and every individual experiences weakness on one side of the body as a symptom with their migraine.
- **Sporadic hemiplegic migraine** is where someone experiences all the physical symptoms of familial hemiplegic migraine but doesn’t have a known connection within their family. The cause of this type of hemiplegic migraine is unknown; some are due to new or so called ‘sporadic’ gene mutations.

Triptans aren’t always advised in treating hemiplegic migraine because of similarities between hemiplegic migraines and strokes. A small study has been performed on the safety of triptans and hemiplegic migraine sufferers, and while the conclusion was positive, more tests are needed for it to be considered a safe option. Instead, the standard course of treatment is non-steroidal anti-inflammatory drugs, such as ibuprofen. Antiemetics (anti-nausea / vomiting) and preventative treatments are recommended for treating this type of migraine and include beta blockers, calcium channel blockers, anti-convulsants and anti-depressants.
**Basilar artery migraine:** in some cases during a migraine attack, the basilar artery, a blood vessel at the base of the brain, goes into spasm causing a reduced blood supply to parts of the brain. This type of migraine affects 1 in every 400 migraineurs and can cause giddiness, double vision, unsteadiness, fainting or even loss of consciousness. Treatment for a basilar artery migraine is similar to treatment for other migraines. Medications that your doctor may suggest are beta blockers, anti-epileptics, calcium channel blockers, anti-depressants or over-the-counter drugs. One of the alternative treatments reported by members to be effective, is biofeedback; this therapy measures internal processes in the body to allow you to actively heal yourself. Evidence is still largely anecdotal but it may be worth trying in your search for effective basilar migraine treatment.

**Chronic migraine:** migraine can evolve from episodic headaches to a chronic pain syndrome. Chronic migraine is a sub-type of Chronic Daily Headache (see overleaf). The International Headache Society defines chronic migraine as more than fifteen headache days per month over a three month period of which more than eight are migrainous, in the absence of medication over use. Many of the therapies prescribed for chronic migraine are the same as those prescribed for episodic migraine. These include both prescription and over the counter painkillers as well as triptans. Preventative treatments, such as BOTOX, is also considered for this type of migraine.

**Cluster migraine:** this is a misnomer which is sometimes incorrectly applied when sufferers experience frequent migraine attacks (as many as 2 or 3 a week for a short period of time). It should not, however, be confused with cluster headache (see overleaf). Individuals can experience a period of migraines preceding periods of remission lasting months or even years in some cases.

**Medication overuse headache**
Although medication can be very effective in relieving headache, it is possible to develop a tolerance to it, causing rebound headaches. Sufferers find that they are experiencing more and more headaches, often daily, and that they require increasing amounts of medication to relieve them. The condition can develop with excessive use of ordinary, over the counter painkillers, especially those containing opiates, such as codeine and also with prescribed drugs, such as ergotamine and the triptan drugs (e.g. Imigran, Zomig, Naramig, Maxalt). It is important to follow the instructions on the packet or those given to you by your doctor or pharmacist and not to exceed the recommended dose. If you are regularly treating headaches on more than 2 days each week, you are at risk of medication misuse headache. You should speak to your GP in order to identify the cause of the headaches and treat them appropriately. This may involve going through a detox programme whereby all medications and stimulants, such as caffeine are stopped for 12 weeks to enable your body to withdraw and rebalance itself. Unfortunately, individuals tend to get worse initially on the programme before they can fully benefit in the long term.
Chronic daily headache
This is estimated to affect as much as 3% of the population and is defined as headaches which occur on more than 15 days each month. It is described as a syndrome and can consist of several different types of headache occurring throughout the month, such as tension headache, muscle contraction headache and medication misuse headache, sometimes with superimposed attacks of migraine.

Physical measures, such as physiotherapy to the neck, can be used to treat this condition. Many people with CDH have restricted neck movement, sometimes due to a previous neck injury, such as a whiplash injury. Drugs can also be helpful; there are two known medications which can be used, both available on prescription, a tri-cyclic anti-depressant (amitriptyline) and an anti-epileptic drug (topiramate). In general, these medications are used in much lower doses than for their other medical purposes. Reducing / stopping analgesics, such as codeine and caffeine, can also help individuals to break the headache cycle and a detox programme may be beneficial in the long term.

Cluster headache
This is a rare form of headache which affects only 1 in approximately 5000 people and is most common in middle-aged men, although known sufferers range in age from 4 years old to over 80 years old.

It is known as “the demon of headaches” because the pain is so intense. The pain is centred around one eye and is described as searing, excruciating, knife-like or as boring into the eye. Sufferers are unable to sit still and may pace the room, press on the head or assume unusual positions in an effort to find some relief. The eyelid will droop and the eye becomes red and watery. The nostril on the affected side may become blocked or watery. Attacks often wake the sufferer from sleep. Individual attacks last only a short time, usually between 15 minutes and 1 hour, but attacks occur in “clusters” ranging from once every other day to up to 8 times a day. Clusters usually last for 6 - 8 weeks, with periods of remission lasting months or even years in between. Many sufferers find that their attacks occur at specific times of the year, especially Spring and Autumn. About 10% of sufferers have chronic symptoms (i.e. no remission).

Acute treatments for cluster headache include subcutaneous sumatriptan (Imigran injections), oxygen therapy and zolmitriptan nasal spray (Zomig). Preventative treatments include verapamil, methysergide and lithium. Surgical intervention is also available to chronic sufferers who have been unsuccessful with treatments.
None of these headaches are life threatening but they can have a detrimental impact on your quality of life. They are all treatable but each requires a specific approach and you should consult your GP for an accurate diagnosis and to discuss appropriate treatment. Please contact Migraine Action if you would like more information on any of these types of headache and their treatment.

Secondary headaches
The aforementioned are the most common forms of headache, known as primary headaches. Secondary headaches are a symptom of another condition, for example, if you have influenza, one of the symptoms will often be a headache; if your sinuses are blocked, this can result in a headache etc.

When someone has a very severe headache, they often think that there must be some sinister cause, such as a brain tumour, haemorrhage or meningitis. Fortunately, headaches alone are an indication of a life threatening illness in less than 1% of people who consult their doctor for head pain. Such conditions are usually accompanied by other symptoms.

However, if your headache occurs suddenly and severely, especially if you have recently experienced a blow to the head, if it is accompanied by a fever, feelings of drowsiness or any neurological deficiency or if you notice a dramatic change from your normal headache pattern, you should seek medical advice urgently.

For further information about these types of headaches and advice on migraine management and for updates on the latest migraine research, please contact Migraine Action by calling 0116 275 8317, emailing info@migraine.org.uk, or visiting the charity’s website at www.migraine.org.uk. All of our information resources and more are only made possible through donations and by people becoming members of Migraine Action. Visit www.migraine.org.uk/donate to support one of our projects or visit www.migraine.org.uk/join to become a member.