

Headaches

Headaches are defined as pain in the head or upper back, are one of the most common medical complaints and can have numerous causes. Approximately 90% of benign headaches fall under a few categories, including migraine, tension, and cluster headaches. One of the first steps for healthcare providers is to distinguish between serious and benign causes through a careful history, physical exam, and diagnostic testing.

Tension Headaches

Tension headaches are the most common type in all age groups. The exact cause is unknown, but is thought to be associated with stress on the body. These stressors can cause the muscles around the skull to clench the teeth and spasm. The pain can begin in the back of the head and upper neck and is described as pressure or a “tight band”. It affects both sides of the head and is usually mild, allowing most people to function normally. The pain is usually infrequent and without a pattern, but can be frequent in some people and last for hours or days.

Cluster Headaches

These are characterized by groups of headaches lasting weeks or months, separated by pain-free periods of months to years. They are more common in men and tend to run in families. A typical episode lasts from 30 to 90 minutes, occurs around the same time each day, and can be so severe to waken a person up from sleep. The pain is excruciating, located around one eye. The affected eye starts to tear and the nose on the same side may become runny and congested. Unlike tension headaches, this pain often leaves patients restless and desperate for relief. Alcohol and cigarette smoking is thought to provoke attacks in susceptible periods for cluster headaches.

Migraines

Migraines are more frequent in women and there is often a positive family history. Classic symptoms include a unilateral throbbing headache, visual disturbances, sensitivity to light, and nausea and vomiting. Attacks may be brought on by triggers such as alcohol, lack of sleep, stress, exercise, oral contraceptives, chocolate, and cheese. They can last 4-72 hours and are moderate to severe in intensity and worsened with physical activity. A preceding aura may or may not be present.

Treatments:

- Nonsteroidal anti-inflammatory drugs (NSAIDS) or acetaminophen (Tylenol)
- “Triptans” and “ergotamines” (classes of migraine medications)
- Behavior modification, hypnosis, biofeedback, meditation
- Prophylaxis with beta blockers, calcium channel blockers, or antidepressants depending on severity and type of headache

Seek immediate medical attention if you are having the “worst headache of your life, the headache is worse upon awakening, or you are having your first severe headache and were previously well. These symptoms should raise suspicion and may be due to a more serious

Heart and Health

David Kavesteen MD FACC

Board certified in Internal Medicine, Cardiovascular Diseases and Nuclear Cardiology

underlying cause. . For More information visit www.HeartandHealth.com or contact us at
Heart and Health 1350 Deer Park Ave N- Babylon NY 11703 (631) 482-1355