

Patient Information

Chronic Headaches and Migraines

We recommend you take this handout to your GP appointment

Introduction

- **Chronic daily headache (CDH)** is defined as *having a headache for most of the day, for more than 15 days per month*.
- CDH affects 5% of adults and may be very disabling, affecting many aspects of a person's life.
- **CDH usually develops from:**
 - **Migraines:** One-sided headaches, sometimes associated with flashing lights or 'zig zag' lines in the eye (auras), feeling sick, vomiting, sensitivity to bright lights and sounds; can be triggered by a lack of sleep, foods, stress or the menstrual cycle.
 - **Tension-type-headaches:** Feels like a tight hat on your head; squeezing or pressure sensation.
 - **Neck pain-related headaches (cervicogenic headaches)** (especially following a whiplash neck injury) due to *trigger points* in neck and shoulder muscles, or a 'sprain' in the neck.
 - **Medication-use headache (rebound headaches).** Taking any pain reliever for headaches, especially opioids (morphine, oxycodone, pethidine), codeine-containing medications (e.g. Panadeine, Nurofen plus, Mersyndol) or migraine treatments (e.g. Imigran) for more than a few days, can quickly lead to **medication-use headache**, which makes the pain much worse. The only treatment is to *stop using pain medications for about one week*, which may be difficult to do without help (see below).

Management of chronic headaches

- **Diagnosis:** Get a clear headache diagnosis from a neurologist or pain specialist.
- **Exclude rare but serious conditions** such as brain haemorrhage, infection, tumours, stroke, sinus infections or changes in brain pressure (the good news—all of these occur in less than 1% of cases).
- You may need a *brain scan (at least once)*.
- **Monitor the character of your headache:** Let your doctor know if your headache is worsening or changing in 'character', if it wakes you at night, or if you have confusion, drowsiness, dizziness, change in vision, weakness in arms or legs, or vomiting.

Go to the nearest emergency department immediately if you every experience the worst headache you've ever had.

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- **Keep a headache diary:** Work out how often you have headaches, what might be causing them (e.g. lack of sleep, stress, foods) and how many pain relievers you use.
- **Diet:** Avoid caffeine, chocolate, smoking and alcohol.
- **Vitamin therapy** (mainly for migraine prevention):
 - *Combine any two vitamins e.g. Vitamin B2 & magnesium.*
 - Review their effectiveness after **2 months** (it can take that long to work).

- **Vitamin B2 (riboflavin) 200 mg once daily**

-*Nature's Own vitamin B2 tablets* (100 mg x 100) or *Herbs of Gold Vitamin B2 200 mg* (200 mg x 60).

- **Magnesium 500 mg once daily**

- **Coenzyme Q 150 mg once daily**

- **Vitamin E 500 IU once daily for 3 days before and after period** (only for *menstrual* migraine)

- **Migraine prevention medications:** If you have *frequent migraines*, ask your doctor about *prevention* medications: Beta-blockers (e.g. propranolol or metoprolol), Amitriptyline, Topiramate, Pizotifen, Pregabalin, Valproate, Candesartan, Verapamil or Amlodipine.
- If you have **chronic headaches or medication-use headaches**, ask your doctor to about Amitriptyline, pregabalin or clonidine.
- **Clonidine** is a blood pressure medication that has pain relieving, sleep and anxiety reducing properties. A night time dose may help chronic headaches and sleep.

Avoid opioid (morphine-based) pain medications for headaches, especially codeine-based tablets and pethidine injections—they make headaches a lot worse over a short period of time and can lead to addiction.

VERY IMPORTANT

Keep pain reliever use to an **absolute minimum** to avoid *medication-use headaches*.

Taking any pain reliever (even Nurofen-plus or Panadeine) for more than a few days can cause this problem.
The *codeine* in these medications can become habit-forming very quickly.

Medication-use headache means the chemistry of your brain has changed to make headaches worse when you miss a dose of pain medication, so you end up taking more-and-more. The pain clinic can provide help in reducing your pain reliever use.

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Other headache treatment approaches

- **Behavioural strategies:** Stress and anxiety worsen headaches—relaxation, mindfulness and sleep management are very effective.
- **Exercising** at least 40 minutes a day (e.g. walking) reduces chronic headaches and migraines.
- **Weight reduction:** If you are overweight, especially if you snore, you might have **obstructive sleep apnoea** which causes headaches. You will need a **sleep study** to diagnose this condition.
- **Trigger-point treatments:** Ask your doctor or physiotherapist to examine your neck and shoulder (trapezius) muscles for (*myofascial*) *trigger points*, which may cause headaches, especially after whiplash. Trigger points may respond to *physiotherapy, stretching, trigger point injections, dry needling or acupuncture*.
- **Cefaly™ cranial TENS machine:** Is an electric nerve stimulator worn on the forehead which sends electric signals into the scalp to prevent and treat migraines.
- **Procedures:** If you are tender at the back of the scalp (where the neck joins the skull), **greater occipital nerve injections** with local anaesthetic and steroid, just under the skin, may help. These nerves may be blocked for longer periods of time by using electro-magnetic pulses (pulsed radiofrequency) or freezing (cryoneurotomy).
- Other procedures include *facet joint injections in the neck* (C2/3 level) (medial branch blocks, neurotomies or pulsed radiofrequency), *Botox injections* (only for chronic migraines), or *occipital nerve stimulation with a pacemaker* (high tech and expensive).