THE MIGRAINE SOLUTION

A COMPLETE GUIDE TO DIAGNOSIS, TREATMENT, AND PAIN MANAGEMENT

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From Elizabeth—To my father, Thomas Wentz
From Paul—To my father, Hugo; my uncle, Lewis; and my aunt, Lilia
From Liz—To my brother Mark and his family
chapter 1

What Are the Different Types of Headaches?

In the first season of the TV show *Lost*, Sawyer, one of the main characters, experienced headaches. What caused these headaches seemed to be an easily solved mystery: He needed reading glasses, which he managed to find on that mysterious island.

If only all headaches could be cured so quickly. But given the many colorful, bizarre, and even scary names that various types of headaches go by, it’s easy to be confused, or even terrified, by this common problem.

There are more than three hundred types of headaches listed in medical books though fewer than 10 percent have a known cause. Medical experts divide headaches into two general categories: *primary* and *secondary*.

Primary headaches aren’t the result of any underlying condition or disease; these headaches are self-contained. In other words, once we’ve arrived at a diagnosis, there’s no testing necessary, and we’re ready to discuss treatment. Secondary headaches are the symptom of something else, typically a disease, trauma, or brain disorder. If we suspect a secondary cause, you’ll need to undergo testing to uncover the principal issue. Of the two, secondary headaches are more worrisome, but this in no way trivializes the pain and suffering someone with a primary headache experiences.

By the way, one frequent concern we often hear from patients is that their head pain moves around. This is actually a good sign. It typically means that there is a benign process at work, and it is almost always a manifestation of a primary headache. It is a reflection that the brain itself, rather than a lesion or an expanding tumor, is causing the problem.

How a Diagnosis Is Made

Making a diagnosis of a primary headache problem like migraines, tension-type, or cluster headaches is not just a matter of ruling out other causes of headache. The International Classification of Headache Disorders (ICHD), which is considered the “bible” for doctors who make headache diagnoses, lists criteria that must be met before a headache diagnosis can be assigned. ICHD classifies headaches based on their predominant characteristics—for example, headaches that are one-sided with typical associated features such as nausea and vomiting generally fit in the “migraine” category. The different headaches may then be broken down into subtypes.
Migraines, for instance, can occur with or without aura and can be episodic or chronic. Tension-type headaches can occur with or without muscle tension, and so on.

The ICHD headache categories and criteria were first developed based on the consensus of headache experts—headache is a clinical diagnosis, and there are no tests or X-rays that “prove” someone has a migraine. Instead, the experts identified patterns of symptoms that are common in those with migraines. (This might help you understand why your doctor asks such detailed questions about your headache symptoms when trying to make a diagnosis.)

The ICHD is a work in progress and will undoubtedly be updated periodically in the future although we don’t think it’s likely the criteria for migraines will change substantially. This is because the original criteria for diagnosing migraines and other disorders, such as cluster headaches, have stood the test of time quite well. Newer imaging techniques that allow us to see which parts of the brain are active during different types of headaches have in large part confirmed earlier expert opinion that these are two separate forms of headache.

Primary Headaches

Tension-type Headaches

Tension-type headaches are the most common type of headache, affecting more than three in four people at some point in their lives. We consider the term itself a misnomer because doctors don’t believe that this type of headache is usually caused by muscle tension or stress. As a result, this is a very unsatisfactory and contested diagnosis. Many experts speculate that they are simply a milder form of migraines.

In our practice, we carefully explain the use of the diagnosis because it tends to carry a stigma. Mary came to us having been labeled a tension-headache sufferer several years ago, and one of the first things she told us is how much this bothered her. “It makes me sound like I don’t deal well with stress, and I can’t get my act together,” she said during her initial examination.

As we explained to Mary and tell all patients with a similar syndrome, the diagnosis is not a reflection on how they handle their lives. Tension-type headache refers simply to a pattern of headache, a fairly nondescript headache without many of the classic features of migraines. Unlike migraine headaches, tension-type headaches are not often accompanied by other symptoms, such as nausea, vomiting, or blurred vision. The pain is mild or moderate. It may envelop your entire head or be limited to the forehead or to the back or top of your head. Many people describe the sensation as a dull tightness or pressure that occurs in a bandlike pattern (see Figure 1). The intensity of the pain may fluctuate, but most of the time it won’t be severe enough to keep you from functioning or sleeping or to awaken you at night.
Figure 1: Tension-type headache pain
Tension-type headaches often produce steady pain across the forehead or in the back of the head. Sometimes, the pain is felt throughout the head, and the sensation is often described as a dull tightness.

Tension-type headaches can occur infrequently, regularly, or daily. They are common at any age, but women are more susceptible: Their lifetime prevalence is 88 percent, versus 68 percent for men. Really, anyone can have one. The patients we see tend to have the bad ones.

Cluster Headaches
When Jay described his headache episodes, they were understandably frightening. As he ticked off the symptoms, it quickly became clear he suffered from a rare but painful class of head pain known as cluster headaches.

Jay’s headaches begin suddenly, usually an hour or two after he falls asleep. The pain is intense, sharp, and penetrating, and it usually occurs behind one eye, which can get teary and bloodshot. His eyelid may droop, and the nostril on that side may first be stuffy, then runny. During
a single attack, the symptoms can occur in either the left or right side but never in both.

Unlike someone with a migraine headache—who tends to lie quietly in bed—Jay must get up and pace the floor. The pain is so excruciating that it’s tempting to bang his head against a wall. After an hour or two, the pain and other symptoms usually recede, sometimes just as suddenly as they came on. But they tend to recur at the same time day after day.

About ten times as many men as women have cluster headaches. About 85 percent of those affected by this type of headache have the episodic form: clusters of one or two headaches a day over a period of two to six weeks, alternating with headache-free stretches. The remission time between cluster periods is generally six to twelve months, but it can be as short as a few weeks or as long as several years. The other 15 percent of those with cluster headaches have the chronic form. In these cases, the attacks continue for at least a year without any remission.

Chronic Daily Headache Syndrome

Suzanne woke up with a headache nearly every day. She started having occasional mild head pain in her twenties, which gradually increased in frequency and intensity and now, in her early thirties, she came to see us for some relief.

Suzanne is among a significant minority of headache sufferers who have frequent headaches. Most people experience headaches only from time to time. But like Suzanne, about one in twenty people experience them daily or almost every day. And women are twice as likely as men to develop chronic daily headache.

Chronic daily headache is a broad term used to describe daily or near-daily headaches that can develop from a number of different causes. In two out of three cases, chronic daily headache develops in people who previously experienced only intermittent migraines, tension headaches, or other types of headaches. If the initial type of headache is known, doctors may use more specific diagnostic terms such as chronic migraine or chronic tension-type headache. In such people, the headaches tend to increase in frequency gradually—over the course of a decade or so—until they occur daily. In the remaining one-third of cases, chronic daily headache develops without warning, sometimes as a result of illness, surgery, or an injury to the head, neck, or back, and sometimes for no apparent reason.

Regardless of the cause, chronic daily headaches are notoriously difficult to treat and, understandably, often produce anxiety and depression. To make matters worse, about half of people with chronic daily headache syndrome also experience additional and more severe headaches on a regular basis.

Chronic daily headaches usually manifest in one of two distinct patterns. About half of those affected experience headaches that begin in the morning and worsen through the day, while one-quarter experience the reverse (pain that is worst in the morning and gradually diminishes). The remaining one-quarter experience a variable pattern, with pain sometimes diminishing and sometimes worsening as the day goes on.

The types of headaches you’ve had in the past may also affect symptoms once chronic daily headache develops. Suzanne described her daily headache pain as a steady, viselike grip with throbbing at the temples. Others have a sensory or visual disturbance known as an aura that may or
may not diminish in frequency over time. Meanwhile, those with a history of tension-type headaches may sometimes develop nausea and vomiting, sensitivity to light and noise, and throbbing in the temples—hallmarks of migraines.

### Exploding Head Syndrome

Despite its name, exploding head syndrome isn’t actually dangerous; that is, there are no actual head explosions with this condition. A person with exploding head syndrome hears a very loud noise that seems to be coming from inside the head. There’s no pain or other physical sensations though the noise can be terribly frightening. Like cluster headaches, exploding head syndrome typically comes on when you’re asleep. This is a rare and poorly understood condition and technically is not even a headache disorder. Nonetheless, people with this condition often end up in the headache clinic looking for an explanation. Experts speculate that it may be caused by minor seizures affecting the brain’s temporal lobe or a problem in the middle ear. Like so many headaches and other health problems, it seems that stress and fatigue play a role in its onset.

### Migraine Headaches

Migraine pain has been called indescribable, yet 35 million Americans know it all too well. Twenty-eight million Americans—about one in five women and one in twenty men—have migraines. We think of a migraine as a “headache plus”; that is, a headache plus a lot of other symptoms. It’s a total body syndrome, which horror author Stephen King, himself a migraineur, penned a vivid description of in his novel *Firestarter*:

> The headache would get worse until it was a smashing weight, sending red pain through his head and neck with every pulse beat. Bright lights would make his eyes water helplessly and send darts of agony into the flesh just behind his eyes. Small noises magnified, ordinary noises insupportable. The headache would worsen until it felt as if his head were being crushed inside an inquisitor’s lovecap…. He would be next to helpless.

*Migraine* is the French derivation of the Greek word *hemikrania*, meaning “half a head,” referring to a typical pattern of migraine distress—pain only on one side of the head, most often at the temple (see Figure 2). The affected side can vary from one attack to the next or during a single episode. One-sided pain is a common but not invariable characteristic of migraines; plenty of sufferers experience bilateral or generalized head pain with migraines.
Unlike tension-type and sinus headaches, which produce a dull, steady pain, the pain of migraine headaches is throbbing or sharp. It often occurs only on one side of the head.

Unlike tension-type and sinus headaches, [End of Sample]