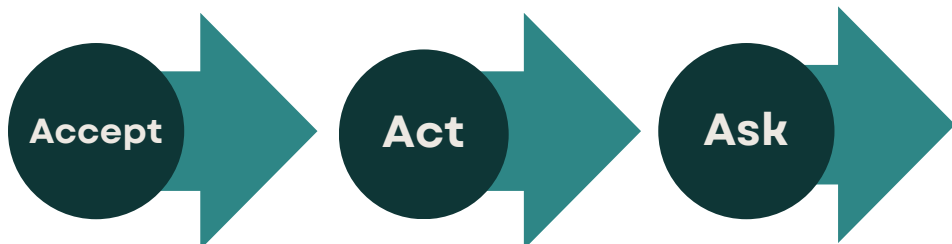


# Heads up - It's time to get to grips with Headache.



## Reducing the impact of headache in staff



Ted  
Wragg  
TRUST

Headache affects 20 to 30% of school children with impact upon quality of life and school performance. The World Health Organisation ranks migraine as the third highest cause of disability in young people. Despite this, young people with headache rarely come forward to seek help and when they do their needs are poorly addressed. This project Undertaken by the Ted Wragg Academy Trust in conjunction with the NHS Exeter headache clinic and national headache organisations aims to raise the awareness of headache as a problem in schools and develops a range of interventions to reduce its burden.

Over 20% of staff will have problematic headache of which migraine is the most common. Figure one shows the annual prevalence of migraine in the population. Before we address the needs of children our aim is to address the unmet needs of staff.

## The objective of this handbook is to:

- Explain the likely diagnosis of troublesome headache.
- Outline its causes and mechanism.
- Describe some management options and useful medications that can be taken without a prescription.
- Suggest some ways in which a consultation with a General Practitioner can be facilitated.

## Youtube Video

This handbook is supported by a video delivered at a Migraine Trust meeting offering a comprehensive overview for people with migraine.

[www.youtube.com/watch?v=T13JKALEuBQ&t=3163s](https://www.youtube.com/watch?v=T13JKALEuBQ&t=3163s)



**Figure 1**

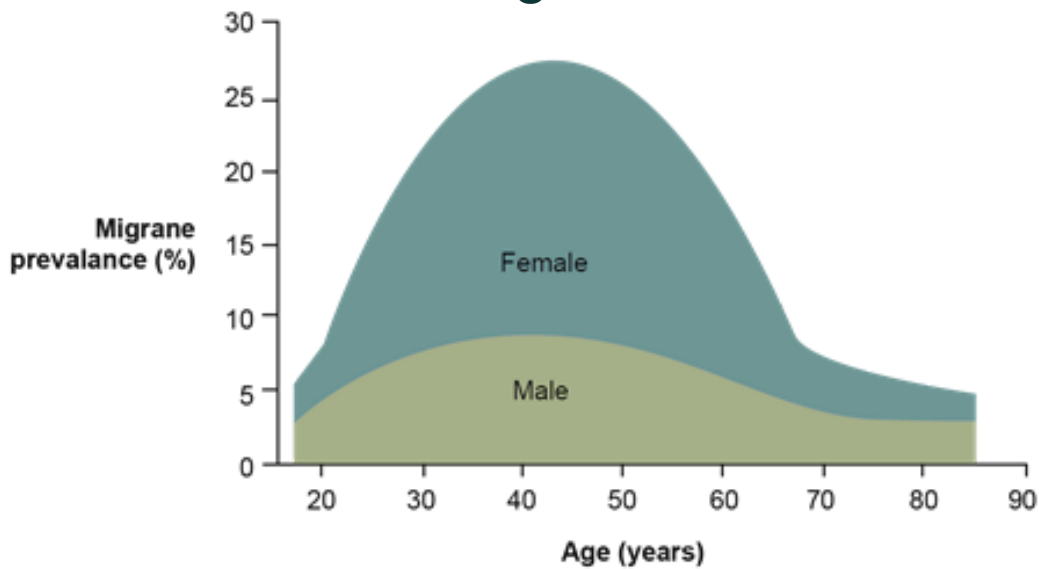


Figure 1. You are not alone. The number of people experiencing migraine in any year as a function of age.

## Why do we get headache?

Head pain is like any other bodily pain - it alerts us to the fact that something needs attention; in the case of headache, a problem arising from the brain. This could be a physiological issue such as dehydration or the brain responding to stress. People with migraine have an increased sensitivity to changes in their environment both internal and external. The brain becomes overloaded and tries to reduce brain stimulation. The migraineur will want to lie quietly in a dark room.



## What is the likely diagnosis?

95% of troublesome headache falls across a spectrum as shown in figure 2. A tension type headache can develop into a migraine and some people will experience both types of headaches. The general principles of management are the same for both types, but the medical management of migraine is very different.

**Figure 2**

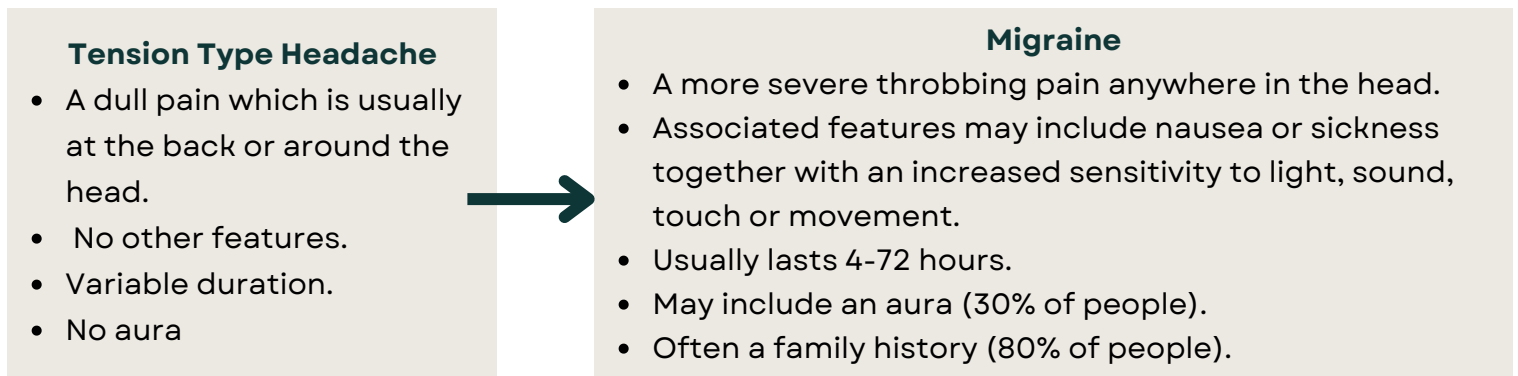


Figure 2. Most problematic headache sits across a spectrum from tension type headache to migraine.

## What else could it be?

A small number of headaches can arise from other causes. Cluster headache is a rare condition and arguably the most painful condition known. Pain is always around the eye, lasts less than two hours and is associated with agitation. Fortunately, serious causes of headache are rare but some features that may alert you to seek further investigation would be headache that is progressively worsening, significant change in headache pattern, headache that is associated with other physical symptoms such as weakness or memory loss, headache precipitated by exercise, cough, or straining.

Medication overuse headache is an important complication of migraine and tension type headache. This will occur if any painkiller including anti-inflammatory drugs are taken on more than 15 days of the month or more or a Triptan (a migraine specific medication) is taken on more than 10 days of the month. This problem does not occur with preventative medications that are taken daily. If you are overusing medication, it would be advisable to discuss the issue with your GP.

## Managing tension-type headache.

Reducing avoidable stress, a healthy lifestyle including diet and exercise and keeping regularly hydrated are the cornerstones of managing tension-type headache. Most tension-type headache will respond to paracetamol or anti-inflammatory drugs providing these are used on less than 15 days of the month to avoid medication overuse headache. Amitriptyline is a prescribable drug which is useful for prevention. Although initially introduced as an antidepressant, it has useful analgesic properties. It can also help with anxiety and sleep. If side effects are problematic, then nortriptyline is a similar drug with a lower side effect profile.

# Managing migraine.

The migraine attack - Three phases of the migraine attack are recognised but all three don't occur in everyone.

## 1. The prodrome or warning

Some people describe what is known as a “prodrome” which can be days before the attack. This is an abnormal feeling or sensation such as agitation, food craving, yawning, heightened sensitivity. Other people may notice this change in you.



## 2. The aura

Up to a third of migraine sufferers have an aura. Most commonly, this precedes the headache and lasts between 30-60 minutes. Most commonly the aura is visual - jagged patterns, blindness, or flashing lights. However, forms include pins and needles, muscle weakness, difficulty in speech. Sometimes an aura can occur without being followed by the headache or during the headache phase. Auroras are caused by an electric wave that moves slowly across the surface of the brain, so they are always evolving during an attack.

## 3. The headache

The headache phase typically lasts between 4-72 hours. It can be anywhere in the head on one or both sides. Sometimes the pain can be felt in the face and many people who have been diagnosed with chronic sinusitis have migraine.



## Associated features.

Nausea and vomiting are common and can be problematic. This means that medication taken by mouth will not be absorbed effectively. Increased sensitivity to light, sound, movement and touch are common. There can be balance and cognitive problems. These features can be experienced in a milder form in between attacks.

## Migraine treatment

Triggers - Specific triggers can activate migraine. You may recognise some of these. Red wine, cheese and chocolate are the most common but there may be other triggers that may be individual to you. Caffeine is an important trigger of migraine and caffeine containing drinks such as Coco-Cola, tea and coffee should be kept to a minimum. If this is not obvious, don't waste time looking for an elusive trigger.

However, most people don't recognise the fact that changes in environment both within the body and externally are more important. Important fluctuations that can trigger migraine include hormone levels in females, hydration, food intake, sleep patterns, weather conditions and stress levels. For example, many migraineurs suffer from "weekend migraine" where the stress of the working week suddenly declines. It is important to keep all these changes constant wherever possible. In particular, ensure regular drinks through the day, regular spaced mealtimes, regular sleep and rising times.

Medical treatment - what treatments are available without seeing a doctor? Treatments fall into two categories - treating the attack and preventing the attack.

i) Treating the attack - putting the brakes on the migraine once it has started

The sooner the migraine attack is treated the better it will be. This is for two reasons.

- The more momentum the migraine builds up the more difficult it is to stop.
- Due to activation of the nausea and vomiting centre in the brain, there will be a reduction of absorption of medication into the blood stream. Medication gets held up in the stomach.

The information sheet below shows a useful combination that can be bought from the pharmacist. Soluble preparations work quicker and there is a suggestion that absorption is enhanced if taken with a fizzy drink. Buccastem is an anti-sickness tablet that will also help the absorption of the paracetamol and aspirin

# Information Sheet for using Soluble Aspirin/Paracetamol/Buccastem for migraine Attacks

## How do these tablets work?

These tablets act in different ways to counter two main problems of migraine.

- Soluble paracetamol is a useful pain-killer which alleviates the pain component of migraine.
- Soluble aspirin is an anti-inflammatory which reduces the inflammation component of migraine.
- Buccastem is an anti-sickness medication that reduces nausea and facilitates the absorption of the aspirin and paracetamol.

## Can I take all these tablets together?

The tablets are meant to be taken together. They act in different ways and complement each other.

## How should I take them?

Paracetamol 3 x 500mg tablets (1500mg), soluble Aspirin 3 x 300mg tablets (900mg), Buccastem 1 X 3mg

Although these dosages are slightly higher than normally recommended, it is important to get the blood levels of these tablets up to adequate levels quickly.

## Do these tablets have any side effects?

All tablets have a number of listed side effects that you will find in the medication packets. However, side effects are rare.

## Do these tablets interfere with any other medication I might take during an attack?

These tablets don't interfere with other migraine medication which can be taken in addition if needed. If you are on medication prescribed by your doctor check with the pharmacist.

Can I take this combination again?

The tablets can be taken again after four hours but in lower doses. The maximum dose of these medications in 24 hours should be Paracetamol 8 x 500mg tablets (4 grams total), soluble aspirin 8 X 300mg tablets (2400mg total), Buccastem 3X 3mg tablets.

N.B. This leaflet is intended to provide a brief overview of aspects of this treatment protocol. It is not intended as a substitute for the comprehensive 'product information' leaflet found inside all boxes of medication. The 'product information' leaflet should always be read before taking medication.

## Information Sheet for using Soluble Aspirin/ Paracetamol/ Buccastem for migraine Attacks continued

If this combination doesn't work for you or is only partially successful, then you should consider a medication known as a Triptan. The family of drugs known as Triptans have revolutionised the treatment of migraine. One of this family known as Sumatriptan is now available to be purchased directly from the pharmacist. The dose is 50mg but if this is ineffective two tablets (100mg) can be taken. The pharmacist will make sure there are no reasons why you shouldn't take this medication - the main one being a history of heart of disease or stroke.

If the Paracetamol/Ibuprofen combination is only partially successful, then you can still take the Triptan. In many cases people with migraine are unsure whether their headache is going to develop into a migraine, and it may be useful to take the combination medication first if you are unsure.

The above medications can be purchased over-the-counter. However, if sumatriptan doesn't work or has problematic side effects it is worth trying another Triptan which your GP can prescribe. If nausea or vomiting is a significant problem, then Triptans are available via a nasal spray or a self-administered injection both of which bypass the stomach. Formulations of Triptans that melt in the mouth are for convenience only and do not avoid problems with stomach absorption.

## Preventing the attack

When attacks are quite frequent or problematic, preventative medication aims to stop the migraine from starting. A number of medications can be purchased from health food shops that can be effective although the evidence base is not as extensive as prescribed medications. You will need to check with your pharmacist if you are on any other medication for potential drug interactions. The most used preventers that are available without a prescription are:

- Riboflavin (Vitamin B2) - 400mg a day
- Magnesium - 600 mg a day.
- Co-enzyme Q10 - 50mg 3 times a day

Co-enzyme Q10 has the best evidence base and the fewest side effects but may be expensive at this dosage. All medications should be taken for at least eight weeks before a benefit is judged.

More information can be found on the Exeter headache clinic website (see patient information sheets.)



# Migraine may not come alone.

Many people with migraine experience pain in the neck and shoulders during or between attacks. Often the migraine centre in the brain can be active without causing a migraine attack but triggering the nerves supplying the neck and shoulders giving rise to pain.

Other recurrent painful conditions such as fibromyalgia and irritable bowel syndrome are more common with migraine. Of particular importance is an association with anxiety and depression which may share a similar biochemical mechanism with migraine. It is important to address any anxiety and depression as these can make migraine worse which in turn can exacerbate the anxiety and depression.

## Some things you can do:

- You can refer yourself to the NHS depression and anxiety psychological service <https://www.dpt.nhs.uk/our-services/depression-and-anxiety-das>
- Your GP can consider medical treatment which although sometimes receives a bad press can be very effective.
- Mindfulness is a useful approach which can deal with unhelpful thought processes.

## Speaking to your GP about your migraine.

If the above measures haven't helped you then your GP is the next step.

Migraine can be difficult to manage within the constraints of a ten- minute consultation. Some things that are important to tell your GP are:

- That you think you have migraine – evidence suggests that you are usually correct.
- The impact of your migraine – evidence suggests that if you can explain to your doctor the impact of the problem your treatment will be more appropriate.
- What medication you have tried.
- A headache diary is also important. It can help your GP to understand the frequency of your headaches and possibly identify any triggers.
- Your contraceptive needs or plans for having a family as these factors may determine management.

You should expect your GP to discuss prescribing a Triptan with an anti-sickness medication and the possible need for preventive medication. A letter is attached at the end of this document you may find useful to give to your GP to help in a consultation.

## What can I do at work?

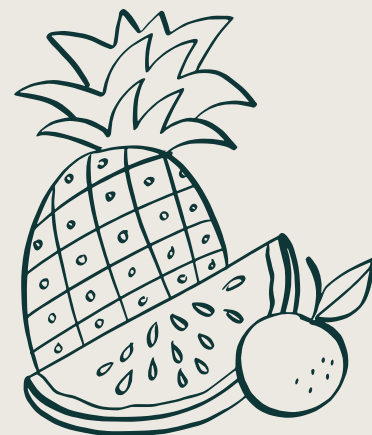
It is important that your working environment is correct for you and that your employer understands your problem. The migraine trust has useful information to support the workplace and advocacy service. - [www.migrainetrust.org](http://www.migrainetrust.org)

# The importance of a healthy lifestyle

A healthy lifestyle is an important part of migraine management. Think about:

## Diet

- Eat a cereal / oat based breakfast to give a slow release of sugar.
- Do not go for long periods without food – to avoid low blood sugar levels.
- Limit intake of caffeine – tea, coffee, fizzy drinks including cola.
- Eat balanced meals including five portions of fruit and vegetables a day.

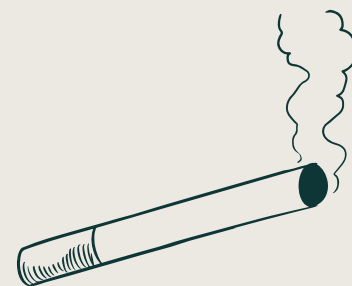


## Alcohol

- Keep alcohol intake to recommended weekly levels:
- Men 21 units
- Women 14 units
- One unit = half pint of beer, one glass of wine / spirits

## Smoking

- Use your local NHS Smoking Advice Service to help you stop.
- Most pharmacists can advise and supply appropriate treatment.



## Water

- It is recommended we drink two litres (eight large glasses) of water a day.
- Coffee, tea, alcohol and related products can cause headaches.
- Coffee, tea and alcohol are diuretics and therefore cause more water loss from your body.
- Keep drinking throughout the day.

**Heads up - It's time to get to grips with Headache.**

## Sleep

- Try to maintain a regular time of going to bed.
- Ensure you have a period of wind down before going to bed.
- Avoid working at a computer close to bedtime.
- Think about your routine just before you go to bed.
- Try to have the same amount of sleep - do not under or over sleep.



## Posture and eyesight

- Avoid slouching in front of the TV.
- Check your position in front of the computer. The VDU should be at eye level.
- If you have problems with your eyesight see an optician for a check up.
- If you already have a visual condition make sure you have regular check ups.
- Check your driving position.

## Exercise

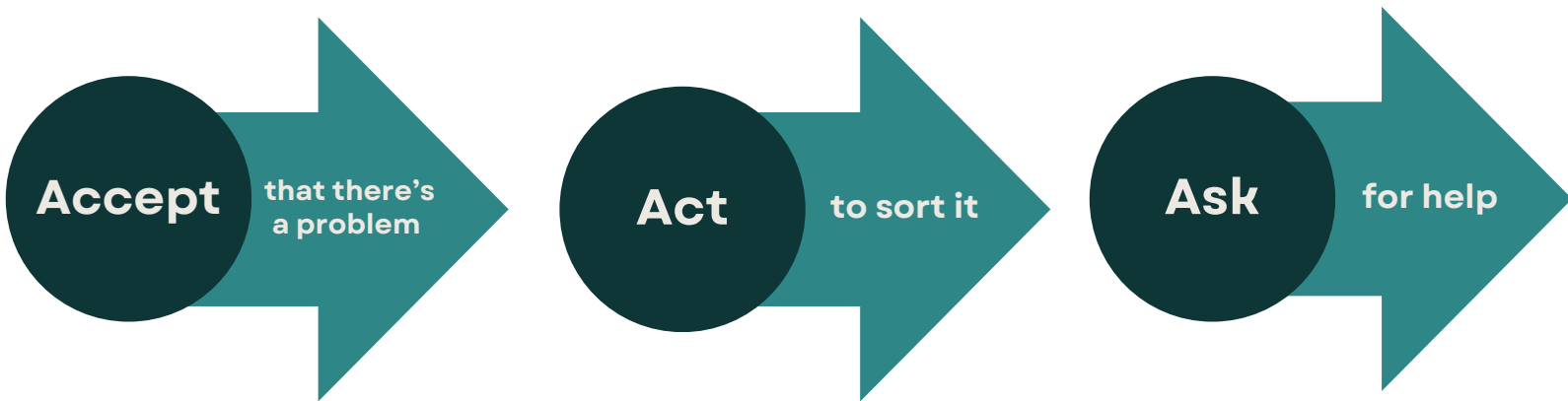
- It is recommended that we try and exercise five times a week for thirty minutes.
- Walking is an ideal and cheap way of exercising.
- Think what you like doing and how you may build it into your life.



## Stress / relaxation

- Avoid negative ways of coping (such as alcohol, smoking).
- Prioritise problems / tasks, recognise signs of stress.
- Try and include exercise in your routine to aid relaxation.
- Make sure you include time in your life for you!

## In conclusion



**ACCEPT** you have a problem. It's not your fault you have headache.

**ACT** and do something about it. There is lots you can do.

**ASK** your GP for help if things aren't moving forward

## Sources of further information.

Migraine Trust is the patient's organisation with useful advice -  
[www.migrainetrust.org](http://www.migrainetrust.org)

A video expanding on the points made in this document:  
<https://www.youtube.com/watch?v=T13JKALEuBQ&t=3163s>

The Exeter headache clinic contains guidelines and patient information sheets  
<http://www.exeterheadacheclinic.org.uk>

The British Association of the study of headache contains pragmatic guidelines for practitioners:  
[www.bash.org.uk/downloads/guidelines2019/01\\_BASHNationalHeadache\\_Management\\_SystemforAdults\\_2019\\_guideline\\_versi.pdf](http://www.bash.org.uk/downloads/guidelines2019/01_BASHNationalHeadache_Management_SystemforAdults_2019_guideline_versi.pdf)

## **Here is a letter that may be helpful to support consultation with your GP.**

Exeter NHS Headache Clinic  
St Thomas Health Centre  
Cowick Street, Exeter EX4 1HJ  
Telephone 01392 676679

Website: [www.exeterheadacheclinic.org.uk](http://www.exeterheadacheclinic.org.uk)

Dear Colleague

We are undertaking a programme to reduce the burden of migraine in the workplace.

Your patient has been given some basic information about migraine and the option of keeping a headache diary to facilitate the consultation.

Attached is a simple management protocol that you may find useful. (As of December 2023) Further information and patient drug information sheets that can be downloaded can be found on our website.

I hope you find this information useful.

With best wishes

Dr David Kernick.

## Notes for GP to facilitate a Migraine Consultation

Exclude co-existent medication overuse headache. This can occur when taking analgesics on 15 days of the month or more or Triptans on 10 days. Exclude red flags. These include a significant change in headache pattern, symptoms of raised intracranial pressure, abnormal neurological symptoms or signs, first migraine attack occurring 50 years of age and above.

### Managing the acute attack.

- A prokinetic (metoclopramide 10mg) Soluble Paracetamol/Soluble aspirin is a useful combination at the earliest option.
- Triptans are the mainstay of treatment. Lack of response is not a class effect. Rotate Triptans if one is unsuccessful. Sumatriptan/Zolmatriptan nasal spray is useful if severe nausea or vomiting is a problem. Injectable Imigran is the gold standard and useful for severe vomiting or intractable migraine. NB - wafer formulations are for convenience and do not get absorbed in the mouth.
- Due to gastric stasis the sooner the migraine is treated the more effective medication will be. Triptans may not work well if taken during an aura phase.
- The Gepant group of drugs ( oral CGRP antagonists) are now available for Triptan failures. See local prescribing guidelines.

### Preventative medication

- No specific rules on when to start but go on the impact of migraine on the patient. Information sheets available on the clinic website.
- Beta blockers are the drug of first choice. Propranolol has the largest evidence base.(80mg -160MR) Atenolol is effective and convenient. If side effects are problematic, Nebivolol can be useful.
- Amitriptyline is the second choice. Particularly useful if there is associated anxiety or sleeping problems.Nortriptyline has fewer side effects at equivalent doses.
- Topiramate is third choice. This may change due to teratogenic potential. See local guidelines.

## Preventative medication continued

- Pizotifen is useful in children but rarely effective in adults where weight gain can be problematic. Other options are Sodium Valproate (not in females of childbearing age) or Candesartan.
- A new group of CGRP antagonists are now available for specialist initiation. Botox can be used for chronic migraine but is likely to be replaced by the CGRP antagonists. See local prescribing guidelines.

## Further resources

### Guidelines can be found at:

- British Association for the Study of Headache (BASH) guidelines - [https://www.bash.org.uk/downloads/guidelines2019/01\\_BASHNationalHeadache\\_Management\\_SystemforAdults\\_2019\\_guideline\\_versi.pdf](https://www.bash.org.uk/downloads/guidelines2019/01_BASHNationalHeadache_Management_SystemforAdults_2019_guideline_versi.pdf)
- Scottish Intercollegiate Guideline Network - [www.sign.ac.uk](http://www.sign.ac.uk) >guidelines
- Exeter NHS headache clinic - [Exeterheadacheclinic.org.uk](http://Exeterheadacheclinic.org.uk)
- Patient organisation support groups:  
Migraine Trust - [www.migrainetrust.org](http://www.migrainetrust.org)