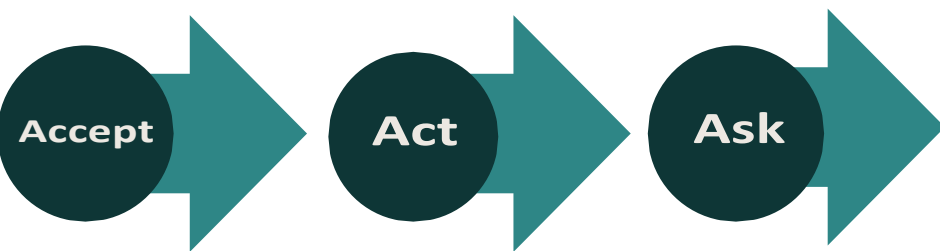


Heads up - It's time to get to grips with Headache in schools



Information for older students 16 and above



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TRUST

You are not alone. Over 30% of young people will have problematic headache of which migraine is the most common headache type. Headache problems are rated as the second highest cause of health problems in young people.

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 things changing whether in the body or in the external environment. The brain becomes overloaded and tries to reduce brain stimulation. The person with migraine 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 1. A tension headache can develop into a migraine and some people will experience both types of headaches. The general principles of treatment are the same for both types, but the medical treatment of migraine is very different.

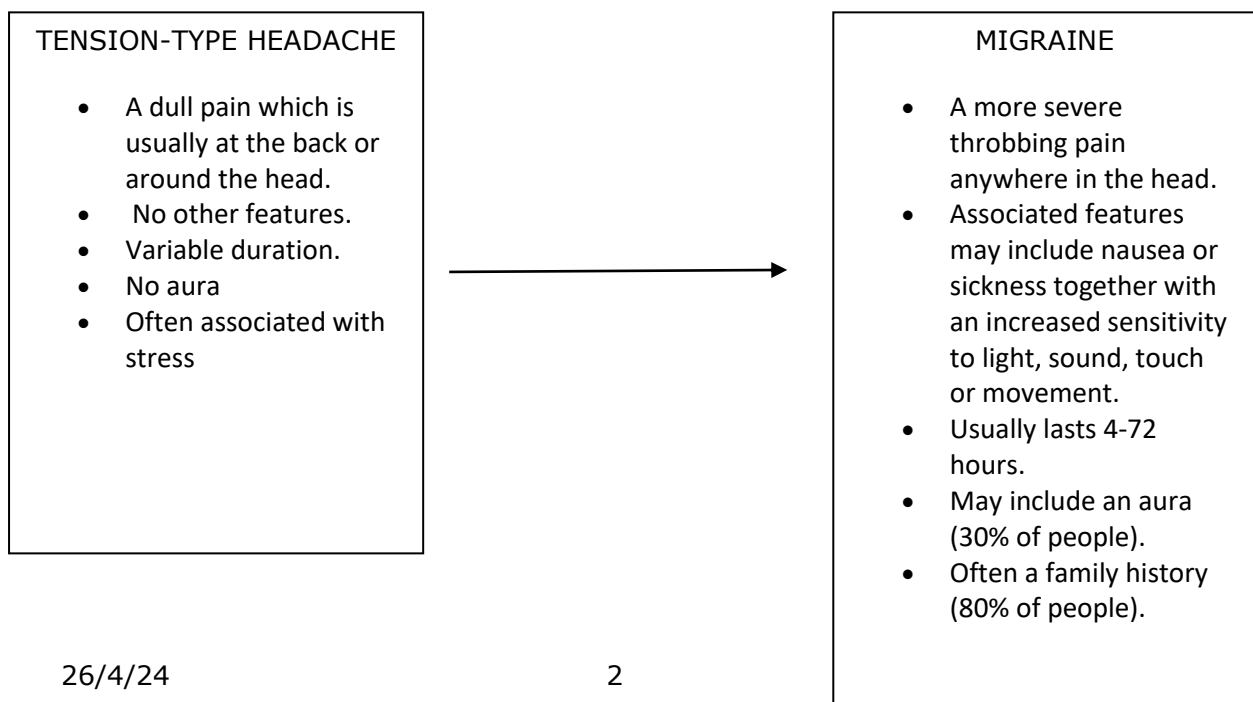


Figure 1. Most problematic headache sits across a spectrum from tension type headache to migraine.

There is a strong genetic component to migraine – it tends to run in families. But a complex number of other factors can make migraine or tension headache worse. (See figure 2).

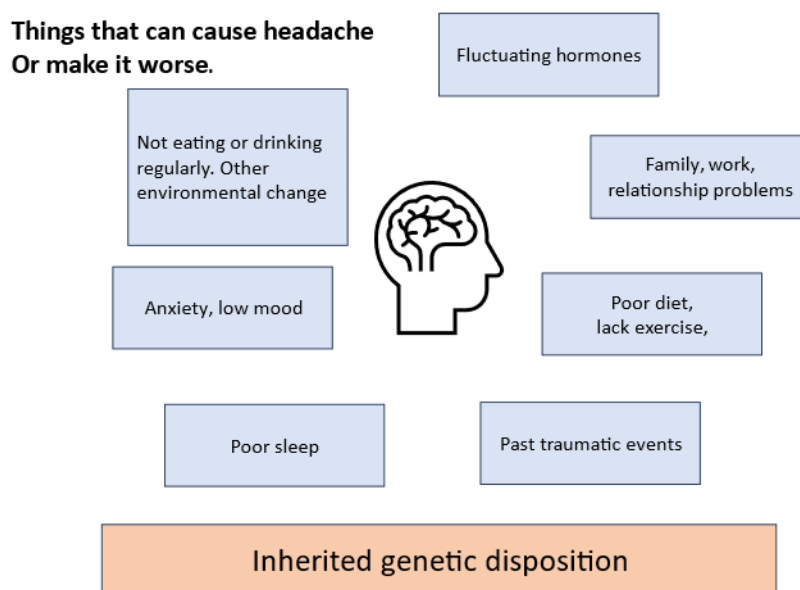


Figure 2. The complex framework in which problematic migraine can sit.

What else could it be?

A small number of headaches can arise from other causes other than migraine or tension headache. *Cluster headache* is a rare condition and arguably the most painful condition known. Pain is always around or in the eye, lasts less than two hours and is associated with agitation. Fortunately, serious causes of headache are rare but some features (not a complete list) that may alert you to seek further advise would be headache that is progressively worsening, significant change in headache pattern, headache that is associated with other physical symptoms such as double vision, weakness or memory loss, headache precipitated by exercise, cough, or straining, headache that awakes at night.

	Tension headache	Cluster headache	Migraine
Annual prevalence	70%	0.1%	14%
Time	Hours to days	1/4– 2 hours	4-72 hours
Pain	Dull	Piercing around eye	Pulsatile
Features	Nil	Autonomic eye or nose symptoms	Light, sound, touch sensitive. + - aura.
Gastric features	Nil	Nil	Nausea or vomiting
Action	Nil	Agitated	Wants to rest

Figure 3. Important differences between migraine, tension headache and cluster headache.

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 migraine 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 pain-relieving properties. It can also help with anxiety and sleep.

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 is a warning that 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. The prodrome can be mistaken for a trigger.

2. *The aura.*

Up to a third of people with migraine have an aura. This usually precedes the headache and lasts between 30-60 minutes. Most commonly the aura is visual - jagged patterns, blindness, or flashing lights. However, other forms include pins and needles, muscle weakness, difficulty in speech. Auras 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.

Associated features.

Feeling sick and vomiting are common and can be problematic. This means that medication taken by mouth may not be absorbed effectively. Increased sensitivity to light, sound, movement, and touch are common. There can be balance or problems being able to think clearly.

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 a trigger.

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. It is important to keep all these changes constant wherever possible. In particular, ensure regular drinks

through the day, regular spaced mealtimes, regular sleep patterns. Don't start the day without breakfast.

Medical treatment

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.

- *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. *Don't take aspirin if you are under 16.* Ibuprofen can be used as an alternative.
- *Bucastem* is an anti-sickness medication that reduces nausea and helps the absorption of the aspirin and paracetamol and can be bought from the chemist.

Aspirin or ibuprofen and paracetamol work in different ways and can be taken together. Always check with your parents first and read the information leaflet in the box before taking the medication.

If this combination doesn't work for you then you should consider a medication known as a Triptan which your GP can prescribe.

ii) Preventing the attack

When attacks are quite frequent or problematic, preventative medication aims to stop the migraine from starting. You will need to see your GP for this.

Migraine may not come alone.

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. Seek help if mental health is a problem.

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.

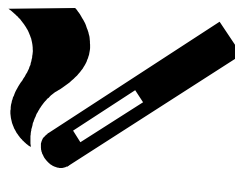


Alcohol

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 that 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.



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.



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.

If your headache is not under control, then see your GP for further advise.

Sources of further information.

A video with supporting information can be found at <https://www.youtube.com/watch?v=SoBF4Nu5wUs>

The Migraine Trust is the patient's organisation with useful advice - www.migrainetrust.org