

Headache Helper© Report Guide

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In This Guide... How to interpret Headache Helper© report

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...multiple concurrent headaches

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This guide is intended to help you understand the information that is contained in your Headache Helper© report document. It is written in a Q&A style.

Starting Point

Go ahead. Look over your report. Don't worry if you don't understand the meaning of some of the items in the report. Become familiar with the kind of information contained in the document. The following Q&A's will help you get a better understanding of your headache profile. And you will find a glossary of terms to help you with some of the terminology on our website at <http://www.headacheanalyzer.com/glossary>

Q: There is a lot of material in the report. Why do I need to review all this data?

A: The report has been designed for use not only by you but also by your health care provider should you choose to have it reviewed by them.

It's true the report does contain a wealth of information. However, chronic headache sufferers usually experience more than one headache type. Multiple things are wrong and effective treatment must involve removing or reducing more than one cause of the headaches. It is analogous to stones in one's shoe; if only one stone is removed, the walker will still hobble. All of the stones have to be removed in order to walk freely.

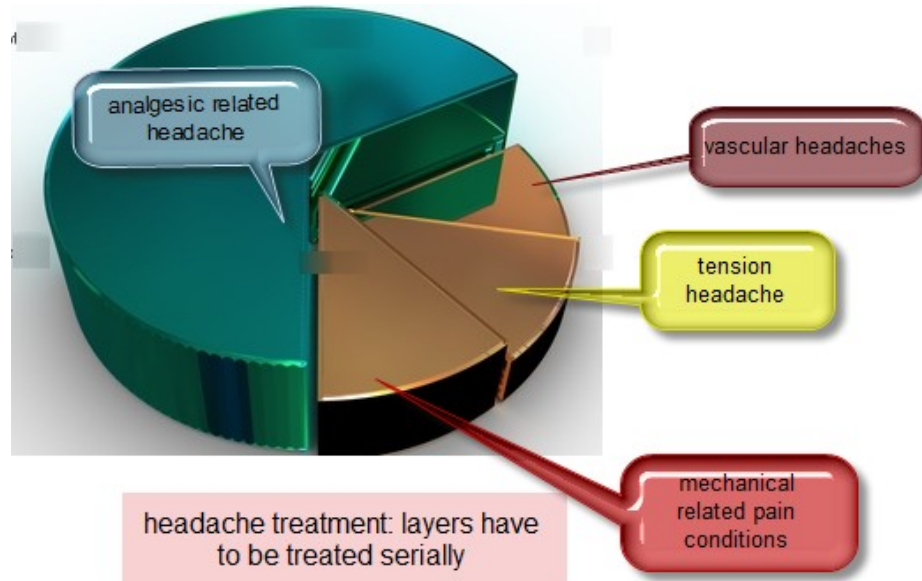
Similarly, your headache treatment plan needs to lay out a sequence of actions that will remedy the multiple problems involved. Usually one headache type at a time. This takes time, patience, effort and a willingness to actively participate in the treatment effort.

Your plan needs to be based on a comprehensive assessment of your headache condition. Multiple headaches require an analysis of multiple types of headache possibilities.

The following diagram shows the relationship of headache types (several of the headache types, not all that are possible) in layered fashion. The treatment protocol needs to drill down through the layers and treat them one at a time over a period of time.

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...headache layers



Q: There are terms and expressions in the report I'm not familiar with.

A: We have tried to use lay terminology whenever possible. However, it is necessary to use medical terminology to accurately describe certain conditions. You can find explanations of many of the terms in the report on our web site's glossary page. Point your browser to <http://www.headacheanalyzer.com/glossary> and there you will find a glossary page.

Q: What does “disability score” at the top of the report mean?

A: The disability score, the actual time that people are disabled is quite important. High percentage scores correlate very highly with migraine and/or chronic pain syndrome with depression. Included in this score are the pain levels you experience along with disruptions to your life style and your work.

As a rule of thumb if your disability score is 30% or greater then your headache syndrome is having considerable effect on your life style and work. Scores higher than 60% indicate a severe condition that significantly interferes with one's ability to lead a normal life.

Q: Some of my headaches are more painful than others. Isn't that important?

A: Yes it is. It's important in terms of the disabling effect the headache has on your life style. *It is not, however, diagnostically significant in*

...disability score rule of thumb

...pain and diagnostic

significance

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...headache threshold

...headaches that you may
not know about

...bi-directional nature of
some headaches

determining what kind of headache you have.

Disability or pain scores do not tell the difference between migraine and tension type headache or occipital neuralgia. And pain level doesn't tell you much about migraine because many people with migraine get a "headache" but do not experience pain. For example, they may experience migrainous vertigo, an imbalance condition but not suffer any pain with the experience.

Q: What are the major kind of headaches?

A: Well there are three major types of headaches and numerous sub-types:

Vascular headache which comes from blood vessels, migraine included is one. Alcohol hangover is also a vascular headache. These types of headache are often accompanied by nausea, light sensitivity and pounding. The pain originates from affected blood vessels.

Inflammation of blood vessels in the scalp, face and base of the brain is responsible for vascular headache pain. The incessant throbbing or "pounding" experienced during a vascular headache is the product of the repeated distension and relaxation of inflamed blood vessel walls accompanying each heartbeat.

Anyone who has had an acute sprain or finger infection knows the throbbing pain, swelling, and heat that occur at the site of the injury. Blood vessels are central to the healing process through the transportation of inflammatory, pain-causing substances (kinins) and through vasodilation (causing warmth) that we all recognize as inflammation.

Vascular headaches are simply an expression of the inflammatory response and may be the result of very different kinds of triggers. The major problem in treating vascular headaches is finding their triggers. Your headaches may feel all the same. However, each may be triggered differently.

Consequently, a treatment that works well on one occasion may have little, if any, positive effect on a later headache.

Something that is already inflamed (think of twisting a sprained thumb several days after initially hurting it) will be highly susceptible to repeated injury. That is why headaches seem to come in "storm" patterns and sometimes will not lift for days or weeks.

The second category, **tension muscle contraction** headache pain, originates from structures in the scalp. These headaches are usually bi-lateral, that is they operate on both sides of the head with a squeezing or pressing result. Tension headaches are not as disabling as vascular and normally don't interfere with work. They are not associated with nausea, and occasionally bright light or loud sounds may be mildly bothersome but not both at the same time.

The **third major headache** type is not actually a headache but a head pain which is usually a sharp pain, jabbing in nature, often producing severe discomfort. The discomfort is related to a sprain of a muscle at the base of the scalp, or irritation of a nerve in the scalp or face. Trigeminal neuralgia or occipital neuralgia are examples where the nerve in the face or at the back of the scalp is irritated and causes a sharp jabbing shooting pain.

...International Headache Society diagnostic criteria

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... other type headaches

...chronic tension headache and low serotonin

Q: My report indicates that the criteria for a particular type headache was not met. What does that mean?

A: The International Headache Society (IHS) provides standards or criteria for determining whether migraine, tension or neuralgia type headaches exist. Headache Helper© uses the IHS criteria as the "gold standard" in analyzing your data and determining whether you qualify as having one or more of these type headaches. The analysis is binary, that is "yes" you have this type of headache or "no" you don't.

Q: Are there other headache types I should be concerned about?

A: As you look at the report you will notice several types of headache listed. Among these are common migraine, classical migraine with aura, and tension.

Then there are some that may be indicated in the report that most people have little or no insight about. Cervicogenic headache is an example. This is a headache that simple ergonomics at home and at work along with proper physical therapy and sleep can greatly reduce. Macromastia is another type that can be extremely bothersome for women and is referred to as "female posture" headache. Women are uniquely susceptible to headaches because their posture is continually under stress from their figure. See our clinical monograph on "Managing Tension Headaches" for more information on these type of headaches. Again see the glossary in our website www.headacheanalyzer.com/glossary.

Q: Is there an interconnection between headache types?

A: Yes, it is often the case that one kind of headache contributes to the onset of another kind of headache. That is why it is important to separate out the different kinds of pain components because you may have all three major types of headache occurring at the same time. And other conditions such as mood disorder may be contributing to your headache condition.

Find more about the interconnection of headaches in the following Q&A's.

Q: What's analgesic overuse?

A: People can overuse pain medication. When pain medication is taken on a daily basis an individual will often wakeup with pounding bi-lateral headache that is related to the medication. If you suffer from analgesic rebound you cannot begin to manage your chronic headache until the rebound problem has been addressed .

...the treatment process

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...what the % score
reflects

Q: My report shows several headache types. How does my treatment start?

A: Only your health care provider can offer you a treatment plan that is tailored to your specific chronic headache condition.

However, in general the treatment process is something akin to “peeling an onion.” It has to unfold in layers, treating one headache type or condition at a time. See the diagram at the beginning of this guide.

Normally the first step is to remove any pharmacologic trigger that is contributing to the headache condition. For example if there are medications that you are taking containing nitrites, they have to be stopped or changed before any improvement will be seen.

And if analgesic rebound is involved that has to be addressed as well.

Mechanical factors such as neck sprain or back or shoulder problems that are contributing to sleep or posture problems must be remedied. Some of these problems are related to ergonomic conditions in the home but often they are work related and must be addressed as well.

Muscle tearing, or what is commonly called a sprain results in spasm and inflammation and is at the root of all tension-muscle contraction headaches. Unnoticed physical movement usually aggravates the tear; this occurs where one or more muscles are repeatedly stretched without allowing for healing. Neck tears often occur during sleep and your treatment plan may call for modification of your sleep routine and body positioning.

Q: What is meant by chronic tension headache? What does it do? Can it cause other types of headache?

A: Chronic headache pain is pain lasting more than 2 to 3 weeks. When this occurs certain brain chemicals become depleted, resulting in chronic pain syndrome. To treat chronic pain syndrome these brain chemicals must be restored. Depleted levels of serotonin is one of the most common conditions found in chronic pain syndrome. Serotonin is needed to induce sleep, relax muscles to normal tone, combat stress and to reduce symptoms of anxiety and depression.

Low serotonin is one of the triggers for migraine. So, you can see the interconnection between chronic tension headaches and migraine. Chronic tension headache with its accompanying low levels of serotonin is one of the main causes of severe, prolonged migraine attacks in people susceptible to migraines.

Q: What does symptomatology score mean?

A: As pointed out earlier there are IHS diagnostic criteria for migraine, muscle contraction headache and neuralgia. But then there are many associated symptoms that are not part of the diagnostic criteria.

For example, migraine may exist without any pain but may be associated

...resistance to the unexpected

with car sickness in childhood, paroxysmal (a sudden onset of a symptom) vertigo, sensitivity to sunlight, migraine dysbarism, which is clouding of thinking and mild confusion during low barometric pressure; there is also paroxysmal (a sudden onset of a symptom) nausea and motion sickness that can occur without ever having a headache. And then there is aura that goes along with these things plus numbness or tingling in the extremities, visual disturbances or even funny smells and tastes. These are all part of the symptom complex but not necessary for diagnosis. They need to be recognized so they are not attributed to the wrong condition.

The degree of certainty or likelihood for most of the formal headache types is whether you meet the criteria.

The percentage score reflects the array of symptomatology you have. You may have common migraines and all you have is a horrible headache with no aura, just queasiness and hardly anything else. Your symptomatology score may be low but you fall into the formal headache category.

Q: My report shows I suffer from depression. I admit I have low mood periods but I don't think I am depressed.

A: Often individuals will reject the unexpected because they don't like falling into the diagnostic category. This is particularly true for affective mood disorders or anxiety disorder or sleep disorder.

Sometimes people need to be "pre-conditioned" to accept these categories and the significance of the indicators. Treatment of chronic headache is difficult and people may not be prepared to deal with the factors they will encounter in the diagnosis and subsequent treatment. If one were informed they had diabetes they may be surprised and disappointed but likely would accept the finding. Diabetes is an illness without social stigma. Mood disorders such as depression and anxiety disorder unfortunately are less socially acceptable and there is a tendency among those who suffer from such illness to resist the finding. One can not will their way out of depression. It is an illness and as such has to be treated as one.
