

# Chronic Headaches and Migraines

## 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 the adult population and may be very disabling, affecting many aspects of the person's life.

## CDH usually develops from:

1. **Migraines** (one-sided headaches, sometimes associated with flashing lights or 'zig zag' lines [auras], feeling sick, vomiting, sensitivity to bright lights and sounds; 'triggered' by things such as lack of sleep, foods, stress or menstrual period).
2. **Tension-type-headaches** (feels like a tight hat on your head, squeezing or pressure sensation).
3. **Neck pain-related headaches** ('cervicogenic') (especially following 'whiplash') due to 'trigger points' in neck and shoulder muscles, or a facet joint 'sprain' in the spine.
4. **Medication-overuse headache** ('rebound headache'). Taking any pain reliever for headaches, especially opioids (morphine, pethidine or codeine-based medicines), over-the-counter medications (like nurofen plus) and migraine treatments (eg imigran, cafergot) on most days to treat your headache, may quickly lead to *medication overuse headache*, which makes the pain much worse. The only treatment is to *stop using pain medications for about 3 days*, which may be difficult to do without help (see below).

## Management of chronic headaches (including chronic migraines)

1. **Diagnosis:** Get a clear headache diagnosis from a neurologist or pain specialist.
2. **Exclude rare but serious conditions** such as brain haemorrhages, infection, tumours, strokes, increased brain pressure (the good news-these occur in less than 1% of cases). May need a *brain scan (at least once)* and sometimes an ultrasound of the heart (ECHO) to exclude a 'hole in the heart.'
3. **Monitor the 'character' of your headache:** Let your doctor know if your headache is worsening or changing in 'character', if it wakes you in the night, or if you have symptoms like confusion, drowsiness, dizziness, changes in vision, weakness in arms or legs, or vomiting.

4. **Keep a headache diary:** Work out what might be causing your headaches, any ‘triggers’ (e.g. lack of sleep, stress, foods), how many pain relievers you use?
5. **Diet:** Avoid excessive caffeine, chocolate, smoking and alcohol.
6. **Vitamin therapy** (mainly for migraine prevention):
  - Try *each vitamin on their own, or combine any two; eg Vitamin B2 & magnesium.*
  - Review their effectiveness after 2 months (it can take this long to work!).
    - **Vitamin B2 (riboflavin) 200 mg once daily** (effective in 1 in 3 patients).
    - **Magnesium 500 mg once daily.**
    - **Coenzyme Q 150 mg once daily** (effective in 1 in 3 patients).
    - **Vitamin E, 500 IU once daily** (only in *menstrual* migraine).
7. **Migraine prevention medications:** If you have frequent *migraines*, ask your doctor about *prevention* medications: Beta-blockers, Amitriptyline, Pizotifen, Topiramate, Valproate, Pregabalin, Candesartan, Verapamil or Amlodipine.
8. **Keep medication-use to an absolute minimum** to avoid *medication-overuse headaches*. Even just a few over-the-counter pain relievers (such as nurofen-plus or panadeine) taken each day can cause this problem. The *codeine* in these medications can become habit-forming very quickly. The pain clinic can provide help in reducing your medication use.
9. **Avoid opioid (morphine-based) pain medications** for headaches, especially codeine-based tablets and pethidine injections—they make the headaches a lot worse over a short period of time.
10. **Behavioural strategies:** Stress and anxiety worsen headaches—relaxation, mindfulness and sleep management are very effective.
11. **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.
12. **Exercise:** for at least 40 minutes per day (eg walking) reduces the frequency and severity of chronic headaches and migraines.

13. **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.*
14. **Watson (physiotherapy) headache technique:** Gentle manipulation of the junction between the top of the spine and base of the skull may prove effective.
14. **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 (cryo-neurotomy).
15. Other procedures include *facet joint injections in the neck* (the 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).