OHSU HEADACHE CENTER

## 80%

A 2014 study found that more than 80 percent of patients with self-diagnosed “sinus headaches” actually had migraines. Migraine is a likely diagnosis for patients with pain behind the eyes, around the nose and in the frontal sinus area without evidence of sinus infection.

# The latest on headache relief

Headaches are among the most common conditions seen in practice. In fact, 90 percent of the population suffers from headaches at some time. So you likely have patients with migraine and other chronic headaches and an occasional patient with new or severe headache. When should you and your patients be concerned, how effective are the latest migraine treatments and when is it time to refer?

### Diagnosing tension headaches

Tension-type headache is the most common headache in the general population. This is a mildly intense, nonpulsating headache. Routine physical movement does not aggravate pain, and the headache is not associated with nausea or vomiting. Patients may have phonophobia or photophobia, but not both.

### Diagnosing and treating migraine

Patients are most likely to consult you for migraine headaches. These headaches have moderate to severe intensity with a throbbing or pulsating quality. Routine physical movement aggravates pain. The headache is associated with either nausea and vomiting or photo- and phonophobia.

| Acute migraine treatment | Prophylactic migraine treatment for >2 migraines / week |
|---|---|
| First-line agents: NSAIDS or combination analgesics (aspirin + acetaminophen + caffeine, e.g., Excedrin) | Topiramate 50–200 mg/day<br>Propranolol 80 mg/day<br>Metoprolol 50–200 mg/day<br>Amitriptyline 10–100 mg/day<br>Venlafaxine 150 mg/day |
| Migraine-specific agents: Triptans (sumatriptan 100 mg PO, rizatriptan 10 mg PO) or ergotamine (migraine nasal spray). Use if headaches do not respond to first-line agents above. | |

### About the OHSU Brain Institute

The OHSU Brain Institute is among the top institutions in the nation for NIH-funded neuroscience research projects. As part of Oregon’s only academic medical center, the OHSU Brain Institute conducts the most complex and innovative neuroscience research, and translates that research into the best brain care and community information for all Oregonians.

OHSU BRAIN *Institute*

Patients with more than two migraines per week should take preventive medication. However, they should be counseled that even with prophylactic medication, they will still get some headaches. At best, a 50 percent reduction is reasonable with medication alone.

### Migraine treatments beyond medication

Working with patients to create a rescue plan, maintain a headache diary, implement lifestyle changes and treat depression can provide additional migraine relief.

**Migraine rescue plan**

A sample rescue plan might include:

- Taking a dose of the medication that usually works well, e.g., rizatriptan.
- Taking a second dose if the headache is still present in two hours.
- Switching medications if the headache does not improve. For example, switch from rizatriptan to high-dose ibuprofen, acetaminophen or a different prescription medication, such as sumatriptan or DHE nasal spray (Migranal).
- Going to bed. Migraines frequently abate after a night of sleep.
- Taking medication on awakening if the headache is still present. Call the office if the headache continues.

It is advisable to treat patients who use their rescue plans without success with injectable medication in the office. Headaches that persist to 48 to 72 hours can be extremely difficult to treat.

**Headache diary**

You can ask patients to record the number of days per month they have headaches ("headache days"). They can also record the intensity of each headache and the medication used. You may monitor the diary at each visit. It provides important clues to whether the current intervention is working and helps avoid overuse of rescue medication.

### Avoiding medication overuse headache

In one study, 60 percent of patients presenting to a headache center had medication overuse headaches. In general, patients taking more than 10 doses per month of a rescue agent will present with rebound headaches. The table gives quantities for specific medications.

| Not to exceed – Monthly dosage at risk for rebound headache | |
|---|---|
| 5 tablets | Butalbital (and combinations) |
| 8 tablets | Opiates, e.g., Vicodin |
| 10 tablets | Triptan or analgesic |

Patients taking these medications for joint pain, lupus or other indications do not have rebound headaches.

### Migraine, anxiety and depression

Patients with migraine headaches have quadruple the risk of anxiety and depression as the general population. The mechanism is bidirectional. Patients with migraines tend to have anxiety and depression, and patients with these conditions tend to have migraines. Screening for depression in patients with headaches and treating migraines with an antidepressant can help both conditions.

**Lifestyle measures**

One clinical trial showed that patients who get aerobic exercise three times per week for 40 minutes had fewer headaches than control subjects who did not. We also advise patients to:

- Practice good sleep hygiene — Go to bed and get up at the same time each day. Avoid sleeping longer than eight hours.
- Eat regular meals and snacks, avoid skipping meals — Patients with headaches are highly sensitive to drops in blood sugar.
- Drink at least 1.5 liters of water (50 ounces, or just over six 8-ounce glasses) each day.

## When to consider imaging or referral to a headache specialist

| Consider imaging: |
| --- |
| Sudden onset of headaches |
| Evidence of systemic illness such as fever, neck stiffness, weight loss, HIV infection, history of cancer |
| New headache in patient older than 50 |
| Abnormal neurological exam such as unilateral weakness, numbness or other abnormal neurological signs |
| Headache onset with vigorous exercise or sexual activity |
| History of trauma |
| Altered mental status |
| Headache worsens on observation |

| Consider referral to headache specialist: |
| --- |
| Headaches are no longer responsive to rescue agents or preventative agent |
| Headaches are occurring more than twice per week or severe enough to affect work, family and/or social life |
| Two preventative agents were tried and failed |
| Headache presentation is not familiar to treating physician |
| Treating physician is no longer comfortable managing patient's headaches |

### Consults and Referrals

If you have questions, or to refer a patient, please call the OHSU Physician Consult & Referral Service at **800-245-6478** or fax to **503-346-6854**.

NEU 21431595 6/16