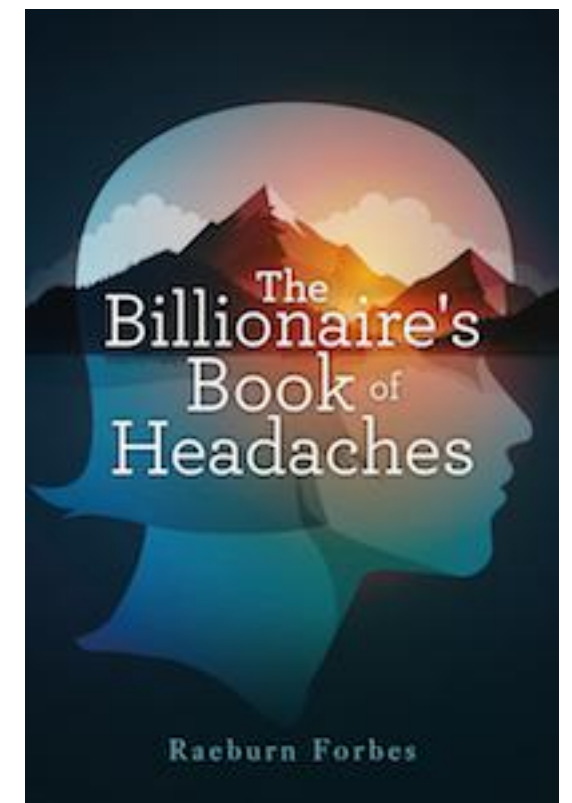


# Managing Headaches

Dr Raeburn Forbes MD(Hons) FRCP  
Consultant Neurologist  
Southern HSC Trust  
County Armagh

[www.severe-headache-expert.com](http://www.severe-headache-expert.com)

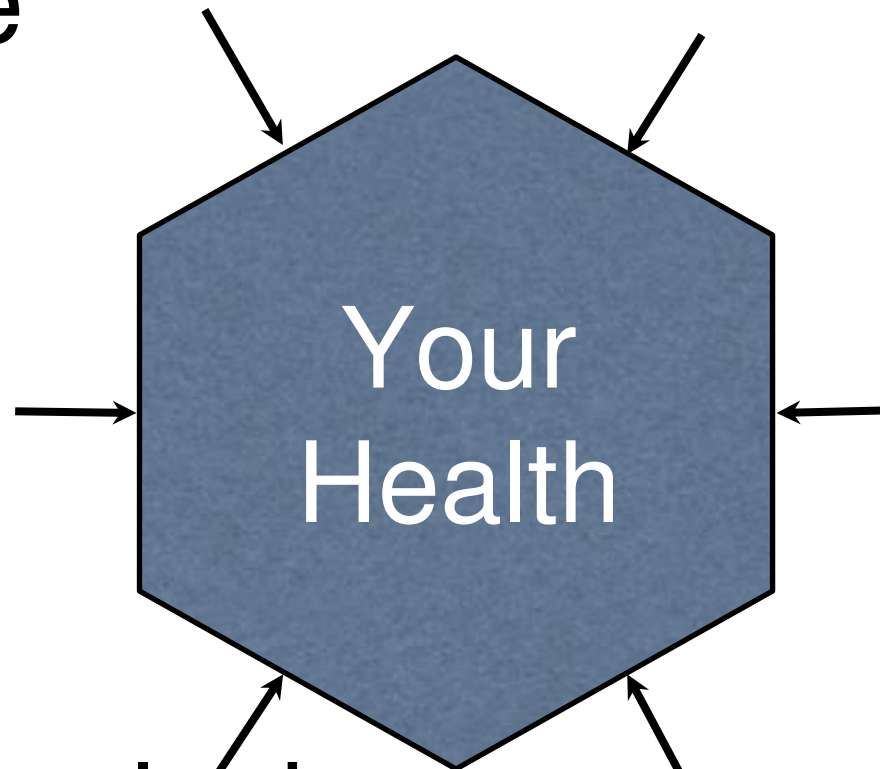


# Treating Headaches

Lumbar  
Puncture

Medicines/Triptans/Bot  
OX

MRI  
Scans

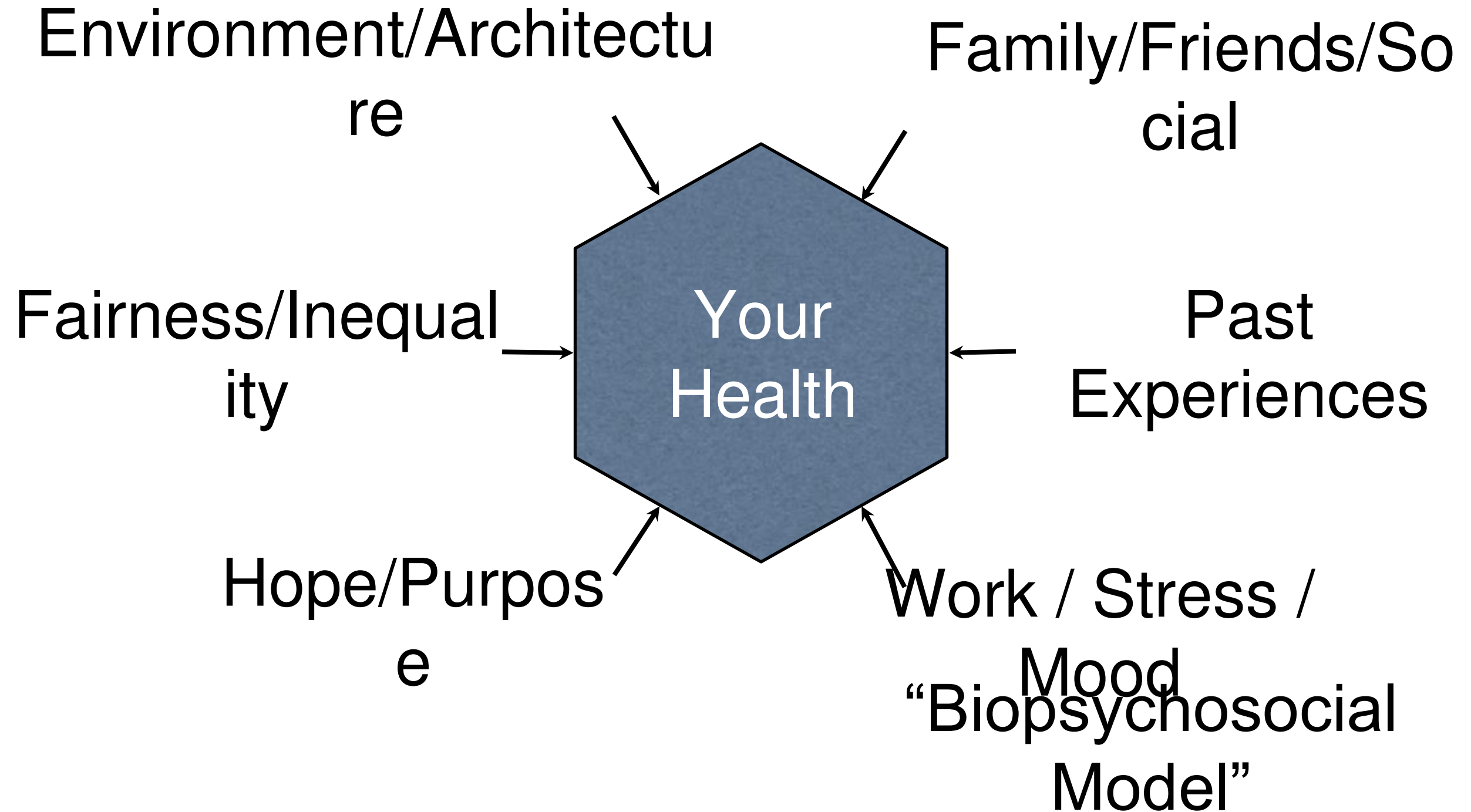


Diagnosis

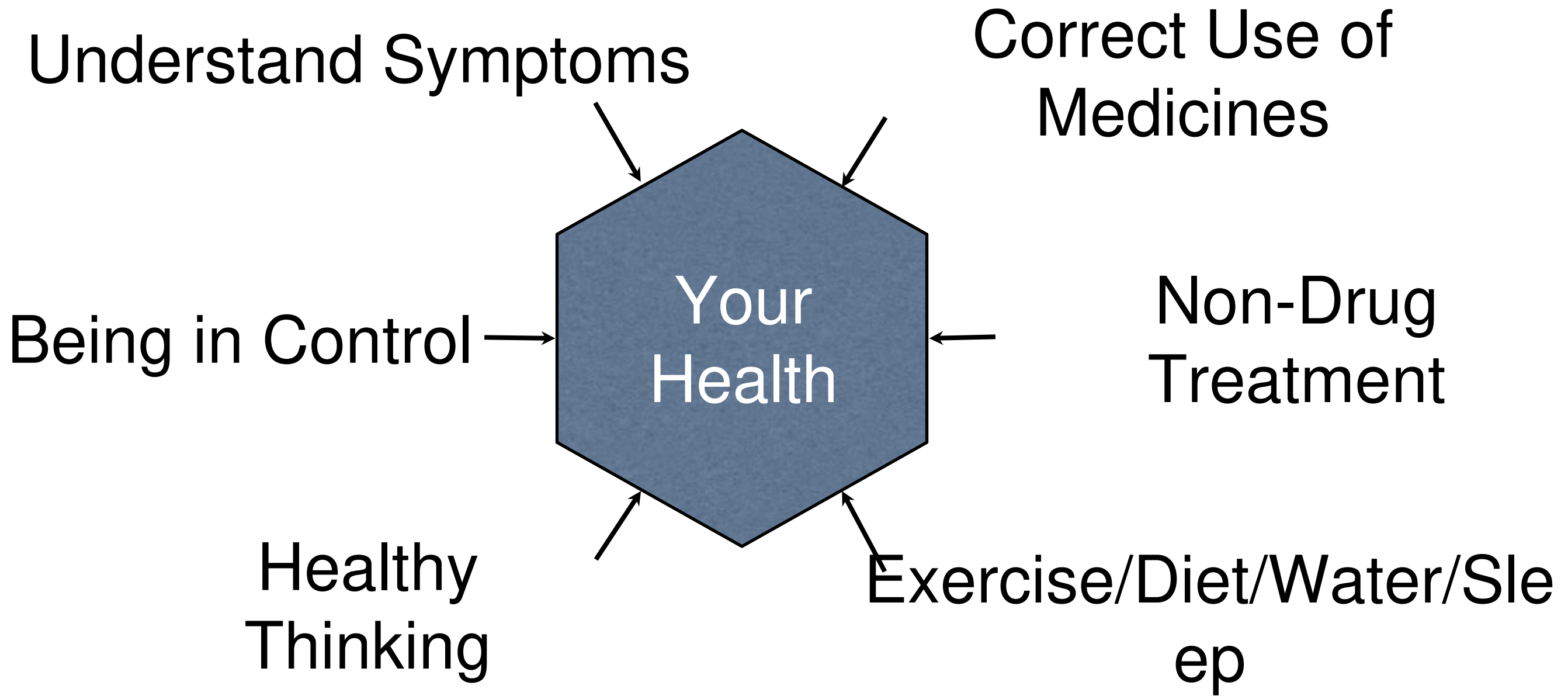
Neurologist

GP  
"Biomedical  
Model"

# Health Influences

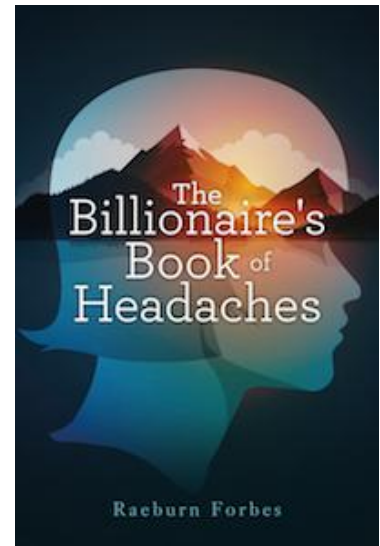


# A combined approach



# A combined approach

- No dangerous cause for headache
- One of your headaches is Migraine
- Avoiding Triggers hasn't stopped headache
- You are prepared to learn
- You want something different, but plausible



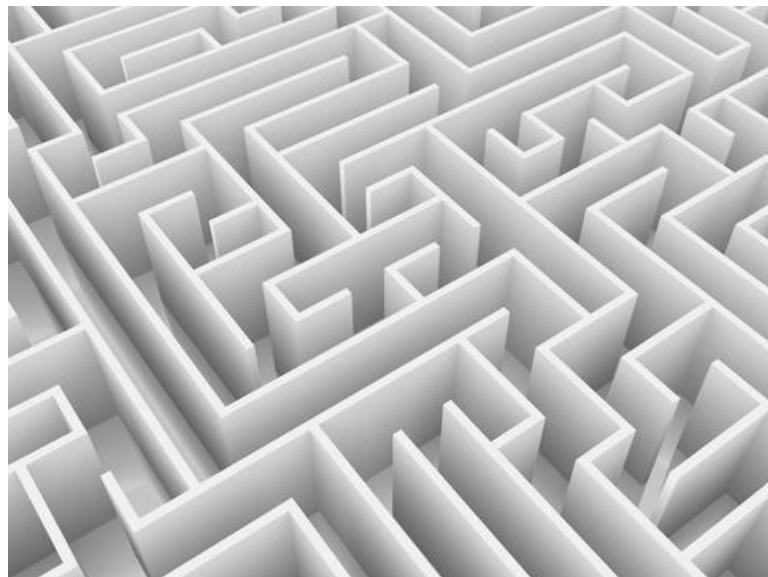
# The reality....

- 590 people with headache
- 30 years
- 7 interviews
- 20% get long term headache
- Average of 22 days per year with pain
- **ACCEPT YOUR HEADACHES**



JANUARY  
FEBRUARY  
MARCH  
APRIL  
MAY  
JUNE  
JULY  
AUGUST  
SEPTEMBER  
OCTOBER  
NOVEMBER  
DECEMBER

# Cause and Effect



“If I find the cause, I will fix it and my headaches will stop”

“If I get diagnosed properly I will get the correct treatment and my headaches will stop”

# Think Risk

- Not Cause and Effect
- Headaches here to stay
- Have a plan
- Reduce risk
- Accept the headaches
- Educate Yourself - get control





# A combined approach

- ***Learn***
  - Correct use of medication to reduce risk
  - A plan of treatment to reduce risk
  - Non-drug treatments that reduce risk
  - To Live Well to reduce risk
  - To Think Better - acceptance, awareness of reactions

# 3 Headache Types

- I never get headaches - new onset / first ever - 16 dangerous types
- I keep getting headaches - Migraine
- I always get headaches - Chronic Migraine

# I never get headaches

- “16 dangerous headaches”.....

# I keep getting headaches

- Migraine / Tension-type / Ice-pick
- Steps you can take

# Step 1 - Understand your symptoms



- Diagnosis doesn't matter (Cause & Effect)
- Know if Migraine is present
- Know that there is no danger



# Non-headache Symptoms

- The Migraine Prodrome
  - Mood - Elation / Depression / Doom
  - Intolerance of environment
  - Cravings / Irritable / Fatigue
  - Diarrhoea / Constipation
  - Hunger / Thirst

# Non-headache Symptoms

- Sensory Sensitivity
  - Light / Noise / Smell / Movement / Touch
  - Vertigo / Brain Fog / Word-finding
  - Tingling / Blurring

# Migraine

Moderate-Severe Headache Episodes

+

Sensory Sensitivity

+

Normal Neurological and Eye Exam

=

Migraine



# Headache Types

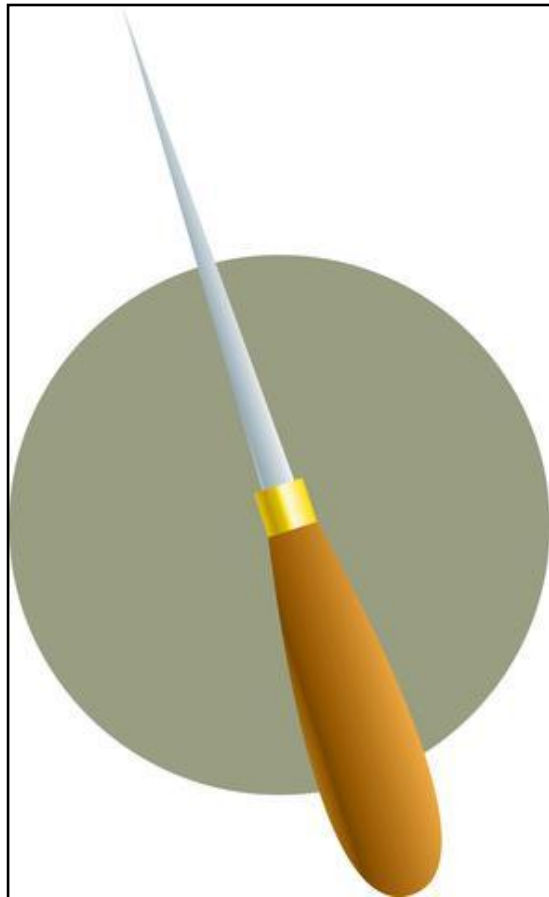
- Tension-Type Headache
- Migraine
- Ice-pick Headache



# Tension-Type Headache

- Featureless
- Non-disabling

# Ice-pick Headache



Sharp

Brief

Clutch  
head

# Headache Combinations

M	T	W	Th	Fr	Sa	Su
m	t	w	th	fr	sa	su
m	t	w	th	fr	sa	su
m	t	w	th	fr	sa	su

- Prodromal, sensory sensitivity and aura between headaches
- Non-headache symptoms normal

# Step 1 - *understand*

- Understand the range of symptoms
- Accept that these will appear
- Feel safe

# Step 2: Feel Safe

- Good Pain v Bad Pain
  - GOOD
    - warning signal
    - Get out of trouble
    - Fight and Flight response
    - Adrenaline / Stress / Escape



# Step 2: Feel less afraid

- Good Pain v Bad Pain
  - BAD
    - Pain Signals hit the brain
    - Brain alerts you to escape
    - Stress / Adrenaline
    - Nothing to escape from
    - You feel trapped and powerless and scared



# Step 2: Pain Matrix

- Brain Areas:
  - Don't work well in response to pain signals "Pain Off Switch"
  - Become overactive in response to pain
    - Draw your attention to pain
    - Activate emotions and memory
    - Vicious Cycle of Pain and Attention



# Combined Approach

- Accept
- Feel Safe
- Reduce Risk



# Step 3 - Painkiller Overuse

- x 25 risk if >10 days per month
- Co-codamol / Paracetamol / Triptans

# Step 3 - painkillers

- Stop all painkillers if you take them more than 8 days per month and you are struggling with pain control
- Bridging Treatment
  - Steroids / NSAIDS
  - 50% will reduce headache frequency
  - MUST DO!!



# Step 3

- Be aware of risk of painkiller overuse
- The No. 1 means to **REDUCE RISK** headache
- It doesn't 'cure' headache
- 50% will still be as bad....may be Chronic Migraine



# Step 4 - Treat a Migraine Properly

- Know the gap at the start
- Hit it hard with combinations (A+B+C)
- 24 hours of action
- Reduce your risk of severe prolonged pain

# Step 4 - Mind the Gap

- 80% get too sore to touch
- *ALLODYNIA*
- Triptans don't work once too sore
- Treat as soon as you think it's getting bad
- With what.....?

# Step 4: Migraine

## A+B+C

Group A - Painkillers*	Group B - Triptans*	Group C - Anti-sickness*
Soluble Aspirin	Sumatriptan	Metoclopramide
Ibuprofen	Zolmitriptan	Prochlorperazine
Paracetamol	Rizatriptan	Cyclizine
Naproxen	Almotriptan	Domperidone
Tolfenamic Acid	Naratriptan	
	Frovatriptan	

# Migraine A+B+C

- Take A+B at start (plus C is nausea)
- Repeat once within 24 hours, preferably 4-8 hours
- Limit to 8 days per month
- **DISTRACTION /SLEEP** can help





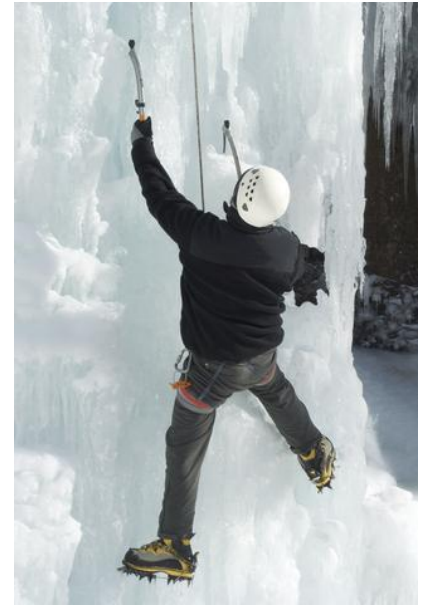
Time	Distraction / Action	Medicines Taken
Start	Lie Down and Sleep for an Hour	Naproxen 500mg AND Sumatriptan 100mg AND Metoclopramide 10mg
4 Hours	Reassure yourself you'll be OK - go for a walk	Sumatriptan 100mg
8 Hours	Rest in dark room with relaxing music	Naproxen 250mg AND Metoclopramide 10mg
12 Hours or usual bedtime	Go to bed and sleep for the night	Zopiclone 3.75mg**
18 Hours or next day	Get up and go for gentle walk	Naproxen 250mg

# Distractions

- Walking
- Brief vigorous exercise eg an exercise bike or rowing machine sprint
- Listening to or playing music, poetry, writing
- Relaxation techniques including meditation
- Yoga and mindfulness, Applying hot or cold towels to the head and neck
- Controlled breathing called biofeedback

# Step 5 - Be Smart with Migraine Prevention Medicines

- Specific - reduce the Migraines.
- Measurable - a Headache Diary.
- Achievable - a 30% reduction is do-able
- Realistic - you will still experience headaches.



These medicines reduce the risk of headache

- Time - 3 months minimum, continue for 6-9  
more

# Step 5 - SMART

- Build up weekly until maximum tolerated or maximum allowable
- Persevere with maximum tolerated for 8-12 weeks
- Propranolol, Pizotifen, Amitriptyline

# Step 6: Drug Free Risk Reduction

- Neck - x 5 risk of headache
- Jaw - x 7 risk of headache
- Eyes - x 2 risk of headache

# Step 6 - Neck

- Cervical Spine Hypomobility
- 70% severe migraine have neck pain
- Examination
- Manual Treatment
- Exercises (Italian Office Workers!)



# Step 6 - Jaw



- Symptoms - stiff / clicking / pain
- Avoid chewing/kissing due to pain
- Dental Examination
- Exercises / Appliances

# Step 6 - Eyes

- Optician
- Ciliary Muscles
- Peering at everything (neck not eye)
- Distortion of Visual Image
- Optician - will help vision - win-win also can identify serious disease / pressure





# Step 7 - Exercise / Eat / Drink / Diet



- Walking 10,000 steps
- Food Trigger or Migraine Prodrome?
  - ***Eat well***
- No single diet proven - Added Sugar??
- Drink 1500ml water per day



# Step 8 - The Importance of Sleep



- Migraine and Poor Sleep overlap
- Increased risk of headache and mood problems
- Sleep Hygiene - 30% reduction

# Step 8 - The Importance of Sleep

Good Sleep Habits:

- Relax and Switch Off
- Create a Good Sleeping Environment
- Have set times for sleep



# Step 8: Good Sleep

- Notebook and Pen
- Dark room, no distractions
- Stick at it - 3 months
- No Daytime Naps



# Step 9 - The Migraine Trigger Trap

- Cause and Effect
- The Law of Migraine
- Is it actually Migraine prodrome?
- Powerful associations
- Correlation is not Causation



# Step 9 - Migraine Trigger Trap

- The Migraine Trigger Trap means letting your diet, environment and daily activity become a **threat**, rather than something you control.



# Step 9 - Migraine Trigger Trap

- Do people around you live by your rules to stop you getting a Migraine Headache?
- Do you read ALL food labels before eating?
- Ever refused to eat something someone kindly prepared for you?
- Have you stopped enjoying yourself with your family or friends?

# Step 9 - Migraine Trigger Trap

- Challenge your thinking - risk v cause
- Eat something when feeling well
- Push the boundaries
- Regain a social life





## The Headache Friendly Lifestyle™ - Basics

- 1 What types of headaches are there and what type is mine?
- 2 Why too many painkillers makes things worse
- 3 How to Treat a Migraine Headache with Medicines
- 4 Migraine Prevention Medicines - Be smart!
- 5 Get your neck, jaw and eyes checked
- 6 Exercise and What you Eat and Drink
- 7 The Importance of Sleep
- 8 The Migraine Trigger Trap
- 9 How to feel less afraid of the pain

# I always get headaches

- Chronic Migraine

# I always get headaches

- Chronic Migraine
  - Background pain + Migraine on top
  - Distress /Anxious/Depressed
  - Life on hold.....
  - “Sensitised” -  
smell/noise/light/touch/move
  - The endless search for  
answers/causes

# I always get headaches

- Acceptance
- Risk reduction
- Prioritise function over symptoms
- Psychological techniques
- Minimise medication
- Advanced therapies if prepared for them

# I always get headaches

- Botox
- Neuromodulation
- CGRP Antibodies
- PACAP Antibodies
- Orexin / Hypocretin
- Neurofeedback Techniques

# Next Steps

- Reflect - have I accepted headaches?
- What can I do to reduce the risk?
- Do I Realise that education will help?
- Can I get in control?
- Work to YOUR advantage

# Checklist

	The Headache Friendly Lifestyle™ - Basics	No	Yes
1	I can accept that I will get headaches		
2	I see that I need to reduce risk, not cure headaches		
3	I understand what headache types I have		
4	I have dealt with overuse of painkillers		
5	I know how to treat a Migraine Attack (AB+C)		
6	I can be smart with Migraine Prevention Medicines		
7	I have seen a physiotherapist or osteopath		
8	I have asked my dentist about my jaw joints and muscles		
9	I have visited an optician		
10	I walk regularly, or am aiming for 10,000 steps per day		
11	I drink 1500ml of water each day		
12	I will make Good Quality Sleep a priority		
13	I want to enjoy food and eat well		
14	I understand The Migraine Trigger Trap and Prodrome		
15	I can see that Migraine Pain is a false alarm		

# Thanks

- Migraine Association of Ireland
- Elaine Johnston - Neurology Dept CAH
- Dr Louise Rusk - GPwSI Holywood  
Arches
- Dr Diane Wilson, GPwSI SHSCT
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