

Headache

This fact sheet is about the “normal” headaches that people often refer to as “tension headaches” or “stress headaches.” The medical term for these is tension-type headaches. They are different from migraine headaches, which involve pain on only one side of the head and are often accompanied by nausea, vomiting, severe sensitivity to light and visual disturbance. See the separate fact sheet for more information on migraine.

Tension-type headaches usually affect both sides of the head. They may involve dizziness and mild nausea, but unlike migraines, tension-type headaches rarely prevent people from carrying out normal activities.

Some people describe the pain as pressure, tightness, a constant dull ache, or a squeezing. The pain may spread throughout the head or concentrated at the base of the skull or the front of the head.

What causes headaches?

It's estimated that over 95% of the population suffer from occasional tension-type headaches. Even so, very little is known about the precise causes. Mental or muscular tension is usually associated with these headaches, but does not necessarily cause them. They are most common in women and in people with a family history of headaches. Additional factors that make people more likely to have tension-type headaches have been identified as:

- emotional or psychological problems such as depression, anxiety or stress
- certain muscular disorders and poor posture
- the over-use of headache relieving medication

Occasional headaches are referred to as episodic. They can last from half an hour to a week and may be brought on by obvious factors such as overwork, emotional upset or the approach of a menstrual period.

When the headaches are prolonged or very frequent, they are referred to as chronic. About 3% of people suffer from this type of headache - some have a headache nearly every day and this can go on for years. Individuals who suffer from this kind of persistent headache often fear that there may be a serious underlying cause such as brain tumour, but it is extremely unlikely that this is the case.

Some people are prone to both tension-type headaches and migraines. Each condition may require individual treatment.

People who get severe or frequent headaches often tend to take ever-increasing quantities of painkillers. The over-use of these actually reduces their effectiveness, and not only do they not work, they can cause further headaches (known as medication misuse or rebound headaches). If this is the case, it is essential that the use of painkillers is stopped, although initially this may result in withdrawal symptoms such as worsening of the headaches, nausea, vomiting, insomnia and anxiety. The withdrawal symptoms can last from 3 to 10 days.

Treating headaches

Most people do not go to a doctor when they get a headache. However, medical advice should be sought if:

- a bad headache comes on suddenly, without any apparent cause
- the headaches are severe or frequent
- the pain is concentrated in the neck, teeth, ear(s), sinuses, or eyes
- the headaches awakens you from sleep
- the headaches are associated with visual changes, weakness, numbness or problems with speech

For many people, headaches get better on their own and no treatment is required. Occasional, mild headaches can also be treated successfully by simple over-the-counter pain relievers (analgesics) such as paracetamol, aspirin and ibuprofen. Ask your pharmacist for advice and always follow the instructions about dosage.

Pain relievers that contain caffeine and codeine (often in the ‘extra’ or ‘plus’ formulations in combination with paracetamol, aspirin or ibuprofen) are best avoided for regular use, as these are more likely to cause dependence and over-use.

People who get chronic headaches may need to avoid analgesics altogether. The preferred approach to managing chronic headache is to use preventive medication. For example, the anti-depressant drug amitriptyline has been shown to help prevent some chronic headache when taken in small doses (lower than that used to treat depression) before going to bed every night.

Lifestyle

As tension-type headache is associated with emotional factors such as anxiety and stress, it is important to look at the part these may be playing and to make any changes to lifestyle that are possible. For example, if over-work is causing anxiety and fatigue leading to headaches, the individual's workload is part of the problem and needs to be addressed.

Various forms of the relaxation have also been tried for the treatment of chronic headache. Studies have shown that it is effective in some people, but for the benefits to last, any relaxation practice needs to be incorporated into day-to-day life. Complementary approaches may be helpful in reducing stress and aiding relaxation (for example, acupuncture, the Alexander technique, reflexology, yoga and massage) and aromatherapy using oils of peppermint and ethanol have been shown to relieve the pain.

Postural advice may be helpful, particularly for individuals who work at a desk or with computers. A balanced diet and regular

exercise will contribute to general health and well being.

Further information

Patient UK - provides links to a variety of information sources
<http://www.patient.co.uk/illness/h/headache.htm>

National Headache Foundation
<http://www.headaches.org>

American Headache Society
<http://www.ahsnet.org/>

World Headache Alliance
<http://www.w-h-a.org>

National Institute of Neurological Disorders and Stroke
http://www.ninds.nih.gov/health_and_medical/disorders/

Healthwise (Health Information Resource Centre)

Tel : (852) 2849 2400

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Email : info@healthwise.org.hk

Homepage : www.healthwise.org.hk

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