

Headache

Headaches are common, and many people treat themselves with simple painkillers, drinking extra water, having a rest, or simply by waiting for the headache to go away.

Even so, headaches can be distressing and disabling, and sometimes people worry that they may have a serious underlying cause. In fact most headaches are unpleasant but cause no lasting harm.

What are the different types of headache?

Headaches can be primary, or they can be secondary which means they are a side-effect of a separate illness or injury.

Your doctor can generally tell the cause of your headache from talking to you and examining you. Once he or she has discovered the cause then you will be able to decide how to reduce or stop the headaches. This may involve taking medication only when you get the headaches, taking daily medication to prevent them or, sometimes, stopping medication you are already taking.

Primary headaches

The most common types of headache are tension headaches and migraines.

Tension headaches

Tension headaches are usually felt as a band or across the forehead. They can last for several days. They can be uncomfortable and tiring, but they do not usually disturb sleep. Most people can carry on working with a tension headache. They are not usually made worse by physical activity, although it's not unusual to be a bit sensitive to bright light or noise.

Tension headaches tend to get worse as the day goes on and are often least in the morning. (An exception to this would be a headache caused by sleeping in an awkward position causing a sore neck.) Tension headaches are usually felt on both sides of the head (known as symmetrical) - most often the front. They are often called pressure headaches. They can interrupt work and concentration but usually not enough to send you to bed.

Tension headaches are caused by tightness in the muscles at the back of the neck and over the scalp. Tiredness, stress and an awkward sleeping position can make them worse. Some people get tension headaches if they drink too much caffeine or alcohol, if they don't drink enough water or if they go for a long time between meals and become tired and hungry.

What is the treatment for tension headaches?

Tension headaches usually respond to simple painkillers. Changes in lifestyle can help - such as having less caffeine and more water, and a sensible diet. Changing pillows can sometimes help, as can getting adequate sleep and avoiding excessive noise. Occasionally tension headaches can be caused by poor vision, particularly if reading in low light for long periods.

Migraines

Migraines are also very common. A typical migraine is one-sided and throbbing. Indeed, headaches that are one-sided, headaches that throb and headaches that make you feel sick are more likely to be migraines than anything else. Migraines are often severe enough to be disabling. Some patients need to go to bed to sleep off their headache.

Migraines can last anything from four hours to three days. They are often made worse by movement or sound. Patients often feel sick (nausea) or are sick (vomit), even if the pain is not severe. Often patients find bright light and even TV make the headache worse. Most people with migraines have 1-2 attacks a month.

About a third of people have migraine with 'aura', or 'classical migraine'. In this condition warning symptoms (the aura) occur before the migraine. These most commonly consist of flashing lights, often in the shape of zigzags. They are sometimes described as being like firework displays. They tend to occur on one side of the vision only (although affecting both eyes at the same time). Some people actually lose half of their vision completely. Others experience tingling or weakness on one side of the body, or slurring of speech. These warning symptoms can last for up to an hour, and are generally followed by a headache. Typically the headache is on the opposite side to the visual symptoms.

What is the treatment for migraines?

Migraines can improve with rest, sleep, darkness and quiet. Drinking water can help if you don't feel sick, and simple painkillers such as paracetamol and ibuprofen can be effective. Many people find that they are not, and have special migraine medication prescribed by their doctor. These medications can consist of tablets which you take when you have a headache. However, some people take a daily tablet to act as a migraine preventer, and this can be a good solution for those who have frequent migraines.

Migraines can be triggered by stress, certain foods such as chocolate and red wine, tiredness, and lack of body fluid (dehydration).

Cluster headaches

Cluster headaches are very severe headaches, sometimes called 'suicide headaches'. They occur in clusters, often every day for a number of days or even weeks. Then they disappear for months on end. They are uncommon, and tend to occur particularly in adult male smokers. They are severe, one-sided headaches, which are really very disabling (that is, they prevent regular activity).

Cluster headaches are usually one-sided. Patients often have a red watery eye on the affected side, a stuffy runny nose and a droopy eyelid.

What is the treatment for cluster headaches?

Cluster headaches usually require treatment from your doctor, which can be with tablets or occasionally with inhaler oxygen.

Chronic daily headaches

Chronic daily headache or chronic tension headache is usually caused by muscle tension in the back of the neck and affects women more often than men. Chronic means that the condition is persistent and ongoing. These headaches can be started by neck injuries or tiredness and may be made worse by medication overuse (see below). A headache that occurs almost every day for six months or more is called a chronic daily headache.

What is the treatment for chronic daily headaches?

This type of headache is best treated by physiotherapy, avoiding painkillers and occasionally by antidepressant medications (many of which can be effective against chronic headaches).

Primary stabbing headaches

Primary stabbing headaches are sometimes called 'ice-pick headaches' or 'idiopathic stabbing headache.' The term 'idiopathic' is used by doctors for something that comes without a cause. These are short, stabbing headaches which are very sudden and severe. They usually last between 5 and 30 seconds, at any time of the day or night, and they feel as if an ice pick is being stuck into your head. They often occur in or just behind the ear and they can be quite frightening. Although they are not migraines they are more common in people who get migraines - almost half of people who experience migraines get primary stabbing headaches. They are often felt in the place on the head where the migraines tend to occur.

What is the treatment for primary stabbing headaches?

Primary stabbing headaches are too short to treat, although headache prevention medications may reduce their number.

Trigeminal neuralgia

Trigeminal neuralgia causes pains - mainly in the face. These consist of extremely short bursts of electric shock-like pain in the face - in the area of the eyes, nose, scalp, forehead, jaws, and/or lips. It is usually one-sided, and is more common in people over the age of 50. It can be triggered by touch or light breeze on the face.

What is the treatment for trigeminal neuralgia?

Usually, trigeminal neuralgia can be treated with preventative medicines.

What are the different types of secondary headache?

Sometimes headaches have underlying causes, and treatment of the headache involves treating the cause. People often worry that headaches are caused by serious disease, or by high blood pressure. Both of these are extremely uncommon causes of headache - indeed high blood pressure usually causes no symptoms at all.

Chemicals, drugs and substance withdrawal

Secondary headaches can be due to a substance, or its withdrawal - for example, carbon monoxide (which is produced by gas heaters which are not properly ventilated), drinking alcohol (with headache often experienced the morning after), and lack of body fluid (dehydration). Medication-overuse headaches, discussed below, are the most common cause of secondary headache.

Medication-overuse headaches

Medication-overuse headache is an unpleasant and long-lasting headache. It is caused by taking painkilling medication - usually for headache! Unfortunately, when painkillers are taken regularly for headaches, the body responds by making more pain sensors in the head. Eventually the pain sensors are so many that the head is super-sensitive and the headache won't go away. People who have these headaches often take more and more painkillers to try to feel better.

What is the treatment for medication-overuse headaches?

Unfortunately, the treatment is to stop all painkillers for at least a month. Most patients find this very hard to do and take a lot of convincing to even try. The headaches may take weeks or even months to lessen (subside) and may get worse first.

Most common painkillers can cause chronic daily headache, but medicines such as ibuprofen - non-steroidal anti-inflammatory drugs (NSAIDs) - are less likely to cause it. If they have not been involved they can be tried as a treatment. Headache preventers are also sometimes used.

Many doctors feel that the best way forward is to stop all headache pills and weather the worsening of the headache in order to get better in the end.

Headaches due to referred pain

Some headaches can be caused by pain in some other part of the head, such as tooth or ear pain, pain in the jaw joint and pains in the neck.

Sinusitis is a common cause. The sinuses are 'holes' in the skull which are there to stop it from being too heavy. They are lined with mucous membranes, like the lining of your nose, and produce mucus in response to colds or allergy. The headache of sinusitis is often felt at the front of the head and also in the face. Often the face feels tender to pressure, particularly just below the eyes and beside the nose. You may have a stuffy nose and the pain is often worse when you bend over.

In **acute glaucoma** the pressure inside the eyes goes up suddenly and this causes a sudden very severe headache behind the eye. The eyeball can feel very hard to touch, the eye is red and the vision is usually affected.

Exertional headaches/sexual headaches

Exertional headaches are those associated with physical activity. They can become severe very quickly after a strenuous activity such as running, coughing, sexual intercourse, and straining with bowel movements. Most exertional headaches are harmless. They are more commonly experienced by patients who also get migraines, or who have relatives with migraine.

Headaches related to sex particularly worry patients. They can occur as sex begins, at orgasm, or after sex is over. Headaches at orgasm are the most common type. They tend to be severe, at the back of the head, behind the eyes or all over. They last about twenty minutes and are not usually a sign of any other problems.

Exertional and sexual intercourse-related headaches are not usually a sign of serious underlying problems. Very occasionally they can be a sign that there is a leaky blood vessel on the surface of the brain, so if they are marked and repeated then it's sensible to discuss them with your doctor.

What types of headache are serious or dangerous?

All headaches are unpleasant and some, such as headache from medication misuse, are serious in the sense that if they are not tackled properly they may never go away. However, a few headaches are signs of serious underlying problems. These are uncommon - in many cases very rare.

Dangerous headaches tend to occur suddenly, and to get progressively worse over time. They are more common in older people. They include the following:

Bleeding around the brain (subarachnoid haemorrhage)

Subarachnoid haemorrhage is a very serious condition which occurs when a small blood vessel bursts on the surface of the brain. Patients develop a severe headache and stiff neck and may become unconscious. This is a rare cause of severe headache.

Meningitis and brain infections

Meningitis is infection of the tissues around the brain and encephalitis is infection of the brain itself. Brain infections can be caused by germs called bacteria, viruses or fungi and they are thankfully rare. They cause a severe, disabling headache. Usually patients are sick (vomit) and cannot stand the light. Often they have a stiff neck, too stiff to bend the head down so that the chin touches the chest. Patients are usually also unwell - hot, sweaty and ill.

Temporal arteritis

Temporal arteritis is, generally, only seen in people over the age of 50. It is caused by swelling (inflammation) of the arteries in the temples and behind the eye. It causes a headache behind the forehead (a frontal headache). Typically the arteries in the forehead are tender and patients notice pain in the scalp when they comb their hair. Often the pain gets worse with chewing. Temporal arteritis is serious because if it is not treated it can cause sudden loss of eyesight.

Brain tumours

Brain tumour is a very uncommon cause of headaches - although most patients with long-lasting, severe or persistent headaches start to worry that this may be the cause. Brain tumours can cause headaches. Usually the headache of brain tumours is present on waking in the morning, and gets steadily worse from day to day, never easing and never disappearing. It can sometimes be worse on coughing and sneezing (as can sinus headaches and migraines).

Summary

Most headaches, whilst unpleasant, are harmless. Headaches are, very rarely, a sign of a serious or sinister underlying condition, and most headaches go away by themselves. It is possible to develop a persistent (chronic) and continuous headache through taking simple painkilling medicines which you took to get rid of your headache.

Your doctor can support you through the process of stopping painkillers if this is the case.

If you have a headache which is unusual for you then you should discuss it with your doctor. You should also talk to your doctor about headaches which are particularly severe, those which are associated with other symptoms like weakness or tingling, and those which make your scalp sore (especially if you are over 50 years of age). Finally, always talk to your doctor if you have an unremitting headache which is present for more than three days or is getting gradually worse.

Remember that headaches are less likely to occur in those who manage their stress levels well, eat a balanced, regular diet, take balanced regular exercise, drink plenty of water and get plenty of sleep. Anything that you can do to improve any of these areas of your life will improve your health and well-being and reduce the number of headaches you experience.

Further help & information

Migraine Action

27 East Street, Leicester, LE1 6NB

Tel: 0116 275 8317

Web: www.migraine.org.uk

The Migraine Trust

52-53 Russell Square, London, WC1B 4HP

Tel: (Information and Enquiry Service) 020 7631 6975

Web: www.migrainetrust.org

OUCH (UK) - Organisation For The Understanding Of Cluster Headaches

PO Box 62, Tenby, SA70 9AG

Tel: (Helpline) 01646 651 979

Web: www.ouchuk.org

National Migraine Centre

22 Charterhouse Square, London, EC1M 6DX

Web: www.nationalmigrainecentre.org.uk

Trigeminal Neuralgia Association UK

PO Box 234, Oxted, Surrey, RH8 8BE

Tel: 01883 370214

Web: www.tna.org.uk

Further reading & references

- Headache - assessment; NICE CKS, August 2009
- EFNS guideline on the drug treatment of migraine – revised report of an EFNS task force; European Federation of Neurological Societies (August 2009)
- Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache; British Association for the Study of Headache - BASH (2010)
- Guideline on the treatment of tension-type headache; European Federation of Neurological Societies (2010)
- Headache - cluster; NICE CKS, August 2009
- Cephalgia: The International Classification of Headache Disorders, 2nd Edition, International Headache Society
- Headache - medication overuse; NICE CKS, August 2009

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