
HEADACHES that require stronger prescription medications or immediate medical care include:

- Severe, sudden “thunderclap” headaches.
- Severe, sudden headache unlike any you’ve ever had before.
- Headache accompanied by weakness, loss of consciousness, paralysis, visual disturbance, slurred speech, confusion or behavioral changes.
- Recurrent headache that affects one particular place (an eye or a temple for example).
- Headache following a recent fall or injury to the head.

TENSION HEADACHES

These account for 90% of all headaches and are directly related to stress and muscle contractions.

SYMPTOMS:

- Tightness or pain in the muscles of the neck, shoulders, upper back, jaw or face.
- Steady, dull pain
- Feeling of having a tight band or vise around the head
- Dull, pressing, burning sensation above the eyes

TREATMENT:

- Attempt to relieve the tension through heat, a hot shower or massage and relaxation techniques
- Make a conscious effort to relax jaw, neck, shoulders, and upper back muscles.
- Limit caffeine intake: (chocolate, soda, and coffee)
- Take an Over-The-Counter pain relieving medication (i.e., aspirin, acetaminophen, and ibuprofen) per package directions. *Be aware that the use of pain relieving medication too often may make headaches more frequent or severe.*

For more severe tension headaches, more potent medications may be prescribed, but those may cause drowsiness and should be used with caution and used only for a short period of time.

MIGRAINE HEADACHES (Vascular Headaches)

These are related to changes in the blood vessels of the head and neck. Narrowing of the vessels is thought to be the reason for visual “auras” or early warning signs. The subsequent head pain is caused by expanding or dilating of the vessels. It is unknown what causes these changes. Migraine headaches are more common in females and may begin in early childhood, but usually begin in the teens or early twenties. Symptoms may vary from person to person and can last several days.

SYMPTOMS:

- Throbbing, piercing head pain on just one side of the head
- Chills and/ or dizziness
- Nausea /vomiting /diarrhea
- Sensitivity to light and sound
- Distorted vision
- Feelings of intense anxiety
- Warning signs of impending migraine (10-30% of people)
 - Visual aura that may include flashing lights, distortion in size or shape of objects, blind/ dark spots in field of vision.
 - Numbness or tingling in the face or arms
 - Strange smells
 - Weakness on one side of the body

Common Triggering Factors

- * Hormonal changes associated with menstrual cycle or Birth Control Pills
- * Sudden weather or temperature changes
- * Certain foods or additives (caffeine, chocolate, cheeses, or corn products)
- * Emotions
- * Medications
- * Certain lighting
- * Smoke
- * Certain odors

Treatment for Migraines

1. Non prescription analgesics
2. Alternative prescription medications prescribed by a physician
3. Use of drugs that can prevent attack or be taken in the early stage of an attack (Ergotamine or ergot derivatives_ - these drugs constrict arteries and **should not** be taken by people with:
 - Arteriosclerosis
 - High blood pressure
 - Angina/coronary disease
 - Circulatory problems
 - Severe infections
 - Kidney or liver disorder
4. Use of prophylactic drugs that are beta-blockers (prevents dilation in vessels). These drugs should not be taken by persons with
 - heart disease
 - asthma

CLUSTER HEADACHES

This is a variant of Migraines most often experienced by men. This type of headache often begins at night and may last for 30 minutes to a few weeks. They may recur several times daily for up to 4-12 weeks and then disappear for months or years.

SYMPTOMS:

- Sharp, sudden stabbing, head pain.
- Pain on one side of the head or behind the eye.
- The eye and nostril on the affected side may be red and/or runny.

TREATMENT:

- * Same drugs used to treat migraines
- * Sometimes injections or suppositories for rapid absorption

SINUS HEADACHES

Caused by swelling of the sinus membrane

SYMPTOMS:

- Dull pain that shifts when the head is repositioned.
- Pain is usually toward the front of the head.
- Pain and/or pressure that increases when the head is dropped forward.

TREATMENT:

- ◆ Analgesics or decongestants
- ◆ Use of humidifier or vaporizer



TRACK YOUR HEADACHES

Keep a record of recurrent headaches. This will aid your physician with medical evaluation.

- ✓ Date and time headache starts and stops
- ✓ Any triggering factors (food, smoke, lights, stress. Certain activities).
- ✓ Location and nature of pain (throbbing, dull, light, stress, certain activities).
- ✓ Severity (use scale of 1-10)
- ✓ Any other associated symptoms (nausea, vomiting, visual changes, sensitive to light or noise).
- ✓ Association with menstrual cycle, birth control pills or hormone therapy.
- ✓ Treatment used and its success or failure.

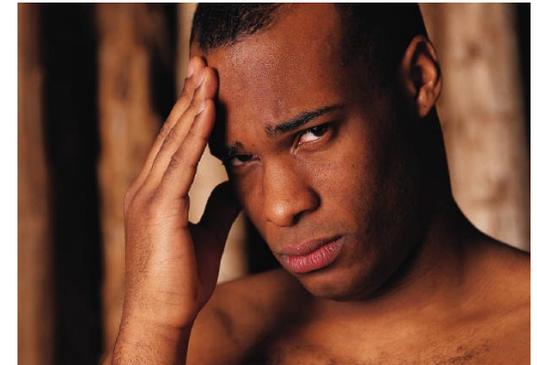
WHEN TO CALL OR SEE A HEALTH PROFESSIONAL

- If headaches cannot be relieved with home treatment.
- If unexplained headaches continue to occur more than three (3) times per week.
- If headaches become more frequent or severe.
- If headaches occur during or after physical exertion, sexual activity, coughing or sneezing.
- If headaches waken you out of a sound sleep or are worse first thing in the morning.
- If you need help discovering or eliminating the source of your headache.

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UNIVERSITY HEALTH SERVICES
SAINT LIAM HALL
574-631-7497
Available 24/7 during the Academic Year

HEADACHES



“Oh, my head hurts!”

*Approximately 20 million people seek medical help each year for headaches. Most headaches that occur without symptoms will respond well to self care (resting in quiet place or using non-prescription pain relievers such as aspirin, acetaminophen, or ibuprofen.) Certain types of headaches however, require stronger prescription medications or may be **warning signs** to seek immediate medical care.*

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