Headaches – HM 9

DEFINITION

Headaches are very common in women throughout the lifespan. There are several classifications of headaches, the 3 most common being tension headaches, cluster headaches and migraine (with or without aura).

Tension headaches often result from normal everyday stress, muscle contractions in neck, back or scalp, etc. They are often mild to moderate in nature, described as a tight band around the head, and usually bilateral. Tension headaches may be caused by the following:

1. Stress
2. Certain foods and beverages
3. Sleep problems
4. Sinus and allergy problems
5. Muscle tension, which can be caused by jaw clenching and poor posture
6. Depression
7. Anxiety
8. Hormonal changes in women
9. Certain medicines

Cluster headaches occur in cyclic patterns or clusters and commonly awaken a person in the middle of the night with intense pain on or around one eye, strictly on one side of your head. Episodes last 15-180 mins. May include ipsilateral lacrimation, congestion, or rhinorrhea. Cluster headaches appear in series that last weeks to months with remission periods of months to years.

Cluster headaches may be caused by the following:

1. Taking certain medications (such as nitroglycerin)
2. Heavy smoking
3. Drinking alcohol
4. An interruption in your normal sleep pattern
5. Abnormal levels of certain hormones
6. Problems with the hypothalamus, which controls your body's "biological clock"

Migraine headaches are a more complicated neurological process that typically includes a prodrome, aura, headache, and postdromal phase. Not all migraines include an aura. These are often triggered by various environmental stressors such as food, odors, lack of sleep, and the hormonal changes that accompany the menstrual cycle.

SUBJECTIVE

May include:

1. Patient description of headache including onset, location, duration, aggravating factors, related conditions, and types of treatments tried.~~2.~~
2. Medications/therapies used for treatment, prescription and/or OTC

Must exclude:

1. Any prodromal neurologic symptoms consistent with migraine with aura
2. Severe headaches indicating potentially life-threatening conditions.
3. Neurologic signs consistent with stroke (changes in vision, paresthesia, focal weakness)

OBJECTIVE

May include:

1. Exam of cranial nerves II-XII

Should exclude:

1. Elevated blood pressure

2. Diagnostic criteria for migraines (ICHD-3 criteria) The International Classification of Headache Disorders - ICHD-3 Headache Disorders - ICHD-3
3. Neurologic signs consistent with stroke (changes in vision, paresthesia, focal weakness)
4. Prolonged headaches (>48 hours)

LABORATORY

None needed

ASSESSMENT

Headaches (non-migraine)

PLAN

1. Clients with history of tension headaches may be treated with OTC pain relievers. Do not exceed maximum daily dose (i.e., Acetaminophen 3,000 mg, Ibuprofen 3,200 mg, Naproxen 1,000 mg, Aspirin 3,000 mg.)
2. Menstrual migraines or headaches may improve with a shortened hormone-free interval or extended regimen of combined contraception or a progestin-only contraception method that induces amenorrhea.

3. If use of anticonvulsants for headache treatment, IUD methods should be encouraged for women needing contraception. If on COC, evaluate need to alter estrogen dose. Consider continuous cycling COC's to avoid fluctuation in anticonvulsant levels. With injectable contraception consider shortening the interval to 10 weeks. Consider adding condoms for added pregnancy protection.

CLIENT EDUCATION

1. Ask client to keep a calendar of menses and headaches to learn pattern of headaches. Encourage clients to include data regarding meals, sleep, and activities to help identify triggers.
2. Assist client in identifying potential headache triggers (i.e., chocolate, alcohol, caffeine, aged cheeses, nitrites, MSG, yogurt, buttermilk, sour cream, figs, raisins, avocados, yeast bread, doughnuts, or other pastries).
3. Encourage following a regular daily routine (i.e., eat meals at regular hours, do not skip meals, drink adequate fluids, have consistent bedtime and waking times.)
4. Palliative measures for headache relief include:
   a. Using heat or ice pack on head or neck.
   b. Taking a hot shower
   c. Drinking a 20 oz sports drink at the onset of a headache
   d. Caffeine will potentiate the action of NSAIDS and may be taken with NSAIDS (remind clients that caffeine can also trigger/worsen headaches and to be observant for this effect)
5. Take time away from things that are stressful. (Anything from taking a brief walk to taking a vacation)
6. Get regular exercise of all types. Work up to exercising for 30 to 60 minutes, 4 to 6 times a week. Yoga, meditation, and relaxation therapy can also relieve headaches.
7. Some patients try alternative therapies (such as acupuncture or chiropractic treatments) for headache relief.
8. Rebound headaches, also known as medication-overuse headache may happen every day or almost every day and are caused by using too much pain medicine. Rebound headaches usually begin early in the morning; the pain can be different each day. People who have rebound headaches also may have nausea, anxiety, irritability, depression, or problems sleeping

CONSULT / REFER TO PHYSICIAN

1. Immediate referral to nearest ER for all headaches indicating potential life- threatening illnesses as outlined above.
2. Refer to PCP any patient who has increasing headaches not relieved by OTC medications or lifestyle changes and those that occur >3 times per week.

REFERENCES

1. International Headache Society. (2018). Headache classification committee of the international headache society (IHS) the international classification of headache disorders, 3rd edition. *Cephalgia*, 38(1), 1-211. Retrieved from https://journals.sagepub.com/doi/10.1177/0333102417738202
2. Patel, T. & Grindrod, K. (2020). Antiseizure drugs and women: Challenges with contraception and pregnancy. *Canadian Pharmacists Journal*, 153(6), 357-360. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC7689629/