

## Management of Chronic Headache

Headache is a very common experienced phenomenon. Many headaches are secondary to underlying medical conditions and therefore, the management chronic headache presents significant difficulties to the physician because of the lack of effective therapies.

Chronic headache affects about 4-5% of adult in the United States. Chronic tension-type headaches (occipital-type headache) and chronic migraine are the most common types of chronic headache. Diagnosis of chronic headache is difficult due to the absence of physical measurements to establish the diagnosis. The overuse of medications to relieve acute headache can cause rebound headache.

Very important to have precise information about the location of the pain, the quality and intensity of the pain; pain triggers, and associated symptoms before implementing the treatment plan.

Chronic migraine has following characteristics:

- Lasting from 4 to 72 hours
- Unilateral location
- Pulsating quality
- Moderate to severe intensity
- Aggravation by walking stairs or routine physical activities
- Association with nausea and vomiting
- Photophobia

Migraine headache is commonly triggered by diet, menstrual cycle, and exposure to sunlight or prudent odor. Chronic migraine is defined as the occurrence of migraine attacks 15 or more times per month for more than 6 months.

Chronic tension-type headache has following characteristics:

- Pain with pressing quality
- Bilateral, occipital or any other location
- Mild to moderate intensity
- Is not aggravated by walking stairs or routine physical activities
- Associated with nausea but not vomiting

Tension-type headache is often associated with muscle tenderness in the neck, shoulder, upper arms, the jaw and face and the base of the skull. Chronic tension-type headache must occur more than 15 times per month for more than 6 months.

Treatment:

Chronic headache is very difficult to treat. In addition, many of the currently available treatment options lack efficacy. For the treatment of moderate to severe migraine pain, triptans are the treatment of choice. Opioids can also be useful as abortive medications when other therapies fail. In today days Botox injection is available as a treatment for chronic migraine as well. Tension-type (occipital) and cluster headache are usually treated with NSAIDS and muscle relaxant as an initial treatment options. Triptans reserved for the cases when initial treatment does not relieve the pain. Botox injection plays a big role in current medical management for the treatment of tension-type headache. For the treatment of occipital headache the first line of treatment is pharmaceutical, and the second line of treatment is steroids and/or Botox injection to relieve the muscle spasm damaging occipital nerves. The third line of treatment which is

the most effective treatment of occipital headache in today days is peripheral nerve stimulation. Electrical stimulation of the occipital nerves permanently eliminates occipital-type of headache pain.