

Relieve headaches by knowing the cause

August 28 2009, By Lindsay Kalter

When it comes to fighting headaches, instant gratification is ideal. It's easy to pop a couple of pain pills and move on with your daily activities. But doctors say the most common remedy used by headache sufferers could actually be a major source of the problem.

Too many pain relievers can ultimately make headaches more painful and less manageable, <u>headache</u> experts say. Because of this, doctors encourage people to try eliminating potential causes -- stress, eye-strain and certain food or drink -- before reaching for the medicine.

"The headache is a unique type of pain," says Dr. Anwarul Haq, a specialist at the Dallas Headache Association. "The medicine that gives temporary relief today, it modifies pain control in the brain, and starts adding fuel to the fire, producing more pain."

Taking pain medication more than two or three times a week can cause "rebound headaches," Dr. Haq says. The body adjusts to the medicine and goes through withdrawal once it wears off. The result is a more intense headache, which prompts the desire for more pain medication. And the cycle continues.

As many as one in 20 people get daily headaches, he says. Doctors say that being aware of potentially headache-causing activities could reveal the culprit.

What's causing your headache?



Dr. Todd Clements, of the Clements Clinic in Plano, Texas, says certain lifestyle modifications can help reduce headaches without medication. He says one of the most common causes of headaches is too much caffeine, which can restrict blood flow to the brain.

"And it can lead to dehydration, too, which also causes headaches," Dr. Clements says.

A caffeine-induced headache will usually occur immediately after the energizing effects wear off.

In moderation, caffeine can help headaches. Small amounts speed up the heart rate just enough to open the <u>blood vessels</u> in the <u>brain</u>. In fact, some headache medications contain small amounts of caffeine.

But it only has the desired effect if caffeine intake is limited to 200 milligrams, or two cups of coffee, in 24 hours. A large coffee from Starbucks contains more than 400 milligrams.

Dr. Haq says that cheese, chocolate and wine may also be problematic.

"Cheese, especially aged cheese, can lead to headaches," he said. "It could be related to certain amino acids in the cheese that could trigger the effect."

Aside from dietary habits, stress causes its fair share of headaches. Dr. Clements says tension-type headaches caused by stress tend to start in the middle or at the end of the day and are usually accompanied by tension in the neck.

The most effective antidote for these, Dr. Clements says, is exercise. It releases endorphins, the body's natural painkiller.



And if exercise is out of the question, even taking 20 minutes each day to escape from external stressors can help.

"Have a time period where you can de-stress for a little bit," Dr. Clements said. "Try breathing techniques that can increase your oxygen level."

These breaks can also help reduce eyestrain, he says. With heavy reliance on computers in most workplaces, people often get headaches from staring at monitors all day.

"Also, iPods and loud music are common causes," he says. "Any senses overstimulated can cause headaches."

If these behavioral changes prove ineffective and headaches are no longer manageable with pain medication, Dr. Clements says further medical attention might be needed. The patient can be referred to a neurologist by a primary care physician; the neurologist may then suggest the attention of a headache specialist.

"If it's something where you have other things with it, like dizziness, seeing double, that could be something more ominous," he says.

Dr. Haq says that people who suffer frequent tension-type headaches or migraines can be treated with medications to keep headaches from starting. These include Elavil, Topamax and Pamelor. Unlike pain relievers that are taken after the headache starts, preventive medications do not cause rebound headaches.

Migraines are debilitating headaches sometimes accompanied by other physical symptoms. Dr. Haq says that most are caused by a genetic component, but they can be heightened by environmental factors.



Rather than increasing pain medication when headaches become worse or more frequent, Dr. Haq says it is important to see a doctor and explore different options.

"If the patient feels they're losing control over them, or if they are getting a different type of headache, they should definitely seek medical attention," he says.

DIFFERENT HEADACHES, DIFFERENT TREATMENTS

Tension headaches: Related to tightened muscles in and around the head and neck area. They may be caused by psychological stress, in which case the underlying factors should be addressed. They can also be treated with preventive medications that include Pamelor and Elavil. Some people take muscle relaxants or receive injections of Botox to loosen the muscles.

Cluster headaches: Occur mostly in men and are characterized by intense pain on one side of the head. They may occur frequently for weeks or months and then disappear for long periods. They can last between 15 and 45 minutes and are sometimes treated with injections of Imitrex, but because the headaches are brief, medications in tablet form take too long to kick in. Giving the patient 100 percent oxygen at the headache's onset is effective. The medication Calan can also be used as a preventive measure.

Migraine headaches: Severe headaches sometimes accompanied by nausea or vision disturbance. About 90 percent of migraines have a genetic component. Persistent migraines can be treated with preventive medications that include Topamax and Elavil. People who experience infrequent migraines can be treated with medication in the Triptan class of drugs, which includes Imitrex and Maxalt. When overused, these can



result in rebound headaches, and should only be used for rare migraines.

Which over-the-counter medicine works best? For infrequent headaches, all are about equal. Painkillers with caffeine can be effective but addictive.

SOURCE: Dr. Anwarul Haq, Dallas Headache Association

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Citation: Relieve headaches by knowing the cause (2009, August 28) retrieved 21 May 2024 from https://medicalxpress.com/news/2009-08-relieve-headaches.html

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