

CENTRAL TEXAS ALLERGY & ASTHMA Priyanka Gupta, M.D. www.CTxAA.com

HEADACHES

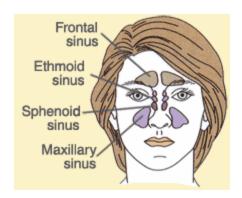
Allergies can cause sinus headaches and migraine headaches.

SINUS HEADACHES

The sinuses are located inside your cheekbones, forehead, behind the eyes and in the bridge of the nose. The sinuses are hollow air spaces with openings that allow exchange of air and mucus. When the sinuses become swollen, the passages to the nose become obstructed, which stops normal drainage, causing pressure to build up. This commonly causes pain in the cheeks, forehead, or behind eyes. Sinus pressure and pain is typically worse in the morning and improves when in an upright position. If sneezing, itching and runny nose are present, then allergies may be causing the sinus pain. However, if these are not present then it may not be allergies. Allergies to pollens, dust, animal dander, molds, and food can lead to sinus obstruction. Therefore, treatment of allergies (antihistamines, nasal steroids, decongestants, or allergy shots) can help in reducing sinus headaches.

Sinus Headache Treatment

Sinus rinses, e.g. Neti pot or Neil Med, are used twice a day to help clean out the nasal passageways and alleviate stuffiness, dryness, and congestion. Decongestants help relieve the sinus pressure and can be used on an as needed basis. If the sinuses become infected, then sometimes antibiotics may be prescribed.



MIGRAINE HEADACHES

A migraine is a recurrent headache marked by intense, severe pain often lasting several hours to days and is often debilitating, resulting in lost work and poor job or school performance. Nausea, vomiting, and visual disturbances usually accompany it. Over 24 million people in the US experience migraines and more women then men are affected (18% females and 6% males). Migraines usually begin in adolescence and are rare after age 60. They typically last 4-72 hours. They are considered episodic if they occur less than 15 days a month and are chronic if they occur greater than 15 days a month for 6 months. Migraines are often genetic and may be related to serotonin and dopamine levels in the brain. No one knows for sure what causes them. There are

many triggers of migraines. Foods such as caffeine, aged cheeses, chocolate, fermented, pickled or marinated foods, aspartame, MSG-found in Asian foods, seasonings, canned or processed foods, and missing meals may all trigger migraines. Alcohol including beer and wine can also trigger migraines. Other factors that may trigger migraines are excessive sleep, fatigue, emotional stress, menstrual cycle, and medications such as estrogen replacement, birth control pills, or vasodilators.

Phases of a Migraine

- 1. Premonitory (Prodrome) symptoms: Characterized by mood disruptions such as happiness, irritability, or depression. Can also occur with fatigue, muscle tension, food craving, or bloating.
- 2. Aura: Characterized by visual changes, flashes of light, blind spots, tingling in face or arms *Headache typically begins within 1 hour of aura, not all people have an aura
- 3. Headache: Usually begins with mild pain that escalates. The headache usually occurs on one side of the head and is throbbing. However, it can occur on both sides and be non-throbbing. The headache usually gets worse with movement and can be associated with nausea, vomiting, sensitivity to light or sound, muscle tenderness, and lightheadedness.
- 4. Headache termination: Sleep, vomiting or strong emotional experiences will abort headache.
- 5. Postdrome: Headache pain resolved but other symptoms linger on such as food intolerance, impaired concentration, fatigue, and muscle soreness.

Migraine Treatment

Cold compresses to painful area, resting with pillows comfortably supporting head or neck, avoiding light, sound, odors, and stressful surroundings, and sleeping in a dark, quiet environment can all improve migraine pain. Medications are available:

- Over the counter: Excedrin Migraine (acetaminophen, aspirin, caffeine) may help if taken at the onset of headache, but it should not be used more then 2-3 times a week or else you may develop rebound headaches.
- Midrin (Isometheptene-dichloralphenazone-acetaminophen) is a combination drug available by prescription. It should be taken at the onset of headache.
- Triptans are a popular prescription choice. They are taken at the onset of the headache. Examples are Imitrex, Zomig, Maxalt, and Frova.
- Beta Blockers: Are used to prevent migraines and are taken daily. They are prescribed by primary care providers or a neurologist.
- Other: Antidepressants, antiepileptics, or Topamax. These are taken on a daily basis to prevent migraine and are prescribed by primary care providers or a neurologist.

Warning Signs Indicating A More Serious Condition

- An abrupt, severe headache like a thunderclap
- Headache with fever, stiff neck, mental confusion, seizures, double vision, weakness, numbness, or trouble speaking
- Headache after a head injury, especially if the headache gets worse
- A chronic headache that is worse after coughing, exertion, straining or a sudden movement
- New headache if you're older than 50

For more information:

American Headache Society http://www.americanheadachesocciety.org/