

# Chronic Daily Headache



Natalia Murinova, MD, MHA<sup>a,\*</sup>, Daniel Krashin, MD<sup>b</sup>

## KEYWORDS

- Chronic daily headache • Chronic migraine • Chronic tension-type headache
- Chronic posttraumatic headache • Medication overuse headache

## KEY POINTS

- The term chronic daily headache (CDH) is used when patients present with 15 or more headache attacks per month for 3 or more months.
- The International Headache Society Criteria should be used to diagnose specific CDH disorder. CDH is a symptom diagnosis that does not reflect the underlying cause of the headache.
- Secondary causes need to be ruled out before CDH is diagnosed as a primary headache syndrome.
- Medication overuse, comorbid psychiatric disease, physical deconditioning, and obesity complicate CDH.
- Effective treatment involves multimodal therapy, including education; pharmacologic intervention; nonpharmacologic, appropriate procedural intervention; and lifestyle changes.
- Treatments need to focus on improving function and well-being.

## INTRODUCTION

In 1672, physician Thomas Willis described CDHs of the philosopher Viscountess Anne Conway.<sup>1–3</sup> Dr Harvey recommended mercury treatments, whereas Dr Willis recorded a long list of attempted treatments, attesting to the patient's determination to try every possible medical cure.<sup>4</sup> Dr Willis suggested treatment of refractory headaches with trepanation and poultices of millipedes and wood lice. Despite her willingness to engage in multiple treatments, she continued to suffer from severe headaches until her death.<sup>4,5</sup> Two hundred years later, Dr Liveing noted valerian as a possible treatment of frequent headaches, and Doctor Gowers described bromide and India hemp as headache treatments. However, the perfect cure for CDHs has not yet been found.

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<sup>a</sup> Headache Clinic, Department of Neurology, University of Washington, 1959 Northeast Pacific Street, Seattle, WA, USA; <sup>b</sup> Chronic Fatigue Clinic UW, Department of Psychiatry, Anesthesiology and Pain Medicine, University of Washington, 1959 Northeast Pacific Street, Seattle, WA, USA

\* Corresponding author.

E-mail address: [nataliam@u.washington.edu](mailto:nataliam@u.washington.edu)

The International Headache Society defines CDH as a headache disorder whereby patients suffer 15 or more headache attacks per month for 3 or more months. Patients who have more than 4 headache days per month, have some associated disability, or report significant suffering might be at risk of progressing to CDH and may need preventive treatment.

## PATIENT EVALUATION OVERVIEW

The specific diagnosis of CDH is key for properly managing patients. When counseling patients, it is helpful to explain that headache can be caused by either a structural problem or medication overuse (called secondary headache), by a change in the functioning of the brain (called primary headache), or by a combination of both. Asking the right questions can establish a specific diagnosis without further tests, so it is important to learn to use precise questions (Table 1).

After establishing that CDH is primary, not secondary, the primary CDH is further subdivided into primary headache subtypes of short duration, which is less than 4 hours, and long duration, which is 4 hours or greater. The 2 most common long-duration subtypes are chronic migraine (CM) and chronic tension-type headache. The short-duration headache disorders include hemicrania continua, new daily persistent headache, and chronic cluster headache. Most patients with CDH who present to specialists have either chronic tension-type headache or CM.

### Asking the right questions

- What is the goal of your visit today?
- Do you have questions regarding your diagnosis?
- Is your main goal of visit pain relief?
- Are you seeking further testing?
- What are you worried about?
- What is the number of headache days per month that you are having? If your headaches last multiple days, count each day.
- Do you have any headache-free days?
- What is the duration of each individual headache?

<b>History of Headaches</b>	<b>Possible Answers and Their Implications</b>
Do you have more than 15 headache days per month?	Diagnosis of CDH with >15 d of headaches per month If answer is no: diagnosis of episodic headaches
Are your headaches nonstop?	If yes, further workup needs to rule out a secondary headache diagnosis
Is the headache duration longer than 4 h?	4 h/d: likely chronic migraine or chronic tension-type headache <4 h: Trigeminal autonomic cephalalgia, such as cluster or hemicrania
Do you use abortive medications more than 10 d/mo?	Consider medication overuse headaches
What are the associated symptoms?	Nausea, light and sound sensitivity go along with chronic migraine phenotype Autonomic symptoms are often associated with trigeminal autonomic cephalalgia

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