

# Diagnosing and Understanding Adult Headache

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## KEYWORDS

- Migraine • Tension-type headache • Cluster headache

## KEY POINTS

- Primary headache disorders are the most common forms of headaches.
- Taking a good history and performing thorough physical and neurologic examination are mandatory in evaluation of patients with headache.
- Unusual age of onset, sudden change in the headache pattern, headache deterioration, and lack of response to therapy, as well as presence of systemic symptoms such as fever and weight loss should warrant further diagnostic work-up.

Headaches are among the most frequent reasons for patients to seek medical attention and one of the largest contributors to disability. It is one of the most common disorders of nervous system.<sup>1</sup> Primary headaches are the most common forms of headache disorders.

Primary headaches represent idiopathic pain conditions without underlying disorders, whereas secondary headaches disorders occur because of another pathologic process.

There are more than 17 different types of primary headache disorders with the most common being tension-type headache, migraines, and cluster headaches. Examples of secondary headache disorders are injury-related or trauma-related headaches, headaches secondary to infections, vascular disorders, and tumors (**Table 1**).

With some variations, primary headaches occur in all age groups, affecting people of different races and geographic locations as well as different income levels, thus representing a global problem. It has been reported that 47% of the general adult population worldwide experienced at least a single headache episode in the past year,<sup>1</sup> whereas 1.7% to 4% of the adult population worldwide has been experienced chronic headaches (at least 15 headache days per month). According to the 2010 Global Burden of Disease Study, worldwide prevalence of tension-type headache was

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<b>Primary Headache</b>	<b>Secondary Headache</b>
Tension-type headache	Headache attributed to trauma or injury to the head or neck
Migraine	Headache attributed to cranial or cervical vascular disorder
Trigeminal autonomic cephalalgias	Headache attributed to a substance or its withdrawal
Primary exercise headaches	Headache attributed to infection
Primary stabbing headaches	Headache attributed to disorder or homeostasis
New daily persistent headache	Headache attributed to psychiatric disorder
Hypnic headache	Painful cranial neuropathies and other facial pains

From International Headache Society. International Classification of Headache Disorders, 3rd edition-beta. Cephalalgia 2013;33(9):627–808; with permission.

estimated to be 20% and migraine more than 14%, placing them in second and third places respectively among the most common disorders in the world.<sup>2</sup> It has been estimated that migraine contributed to 2.9% of all years of life lost to disability, ranking it as number 7 among the most disabling disorders.<sup>2</sup>

## TENSION-TYPE HEADACHE

Tension-type headache is the most common primary headache disorder worldwide. Because tension-type headache is less severe and less disabling, it is seen less frequently in clinical practice. It has been estimated that 1-year prevalence of tension-type headache is 63% in men and 83% in women.<sup>3</sup> Pathophysiology of tension-type headache is still poorly understood. A previously considered psychogenic cause does not reflect or explain all aspects of tension-type headache. It is currently thought that tension-type headaches have a strong neurobiological basis.<sup>4</sup> At present, it is considered that peripheral pain mechanisms are involved in infrequent tension-type headache pathogenesis and central pain mechanisms in the chronic form. Presence of pericranial myofascial tenderness suggests the participation of central pain mechanisms, including possible sensitization at the level of dorsal horn and trigeminal nucleus caudalis.<sup>5</sup> Because many patients with tension-type headache show symptoms of migraines (such as occasional presence of headache with a throbbing quality, and response to triptans), some specialist think that tension-type headache represents the opposite of the migraine end of the headache spectrum.

Tension-type headaches are subcategorized into 4 main categories: infrequent (less than 1 day per month), frequent (1–14 headache days per month for more than 3 month), chronic (more than 15 headache days per month for more than 3 months), and probable tension-type headache. The first 3 subcategories are also divided into tension-type headache associated with pericranial tenderness and those not associated with pericranial tenderness, which should be confirmed during physical examination (**Box 1**).

Tension-type headache usually presents as mild to moderate, dull, pressurelike pain located in the forehead, in the occipital area. The pain is usually located bilaterally. Patients frequently describe tension-type headache as a rubber band–like sensation around the head. In more severe cases of tension-type headache, the pain has a throbbing or pulsating quality and may even be associated with either photophobia

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