

Primary Headaches

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KEYWORDS

- Primary headache • Migraine • Tension-type headache
- Trigeminal autonomic cephalalgias • Cluster headache

KEY POINTS

- Primary headaches are defined by having the absence of an underlying pathologic process, disease, or traumatic injury that occurs in temporal relationship to the onset of pain.
- The primary headaches include migraine, tension-type headache, and the trigeminal autonomic cephalalgias (cluster headache, paroxysmal hemicranias, hemicrania continua, and short-lasting unilateral neuralgiform headaches with conjunctival injection and tearing/short-lasting unilateral neuralgiform headaches with cranial autonomic features syndrome).
- Advancements in understanding the pathophysiology have helped in more accurate diagnosis and efficacious treatments of these painful entities.
- New treatments have become available in recent years to help in treating these disorders using neuromodulation and newer classes of medications, including monoclonal antibodies, calcitonin gene-related peptide receptor antagonists, nontriptan serotonin receptor antagonists, and advances in triptan delivery.

INTRODUCTION

The primary headaches are disorders that exist with no apparent underlying cause with recurrent or persistent head pain, contrasted with the secondary headaches that exist in relation to discrete inciting factors. The exact mechanisms of these disorders have not been completely elucidated, but research continues to reveal more about the underlying pathophysiology and resultant treatment options. The primary headaches, according to the most recent iteration of the International Classification of Headache Disorders, Third Edition (ICHD-3), Beta Version,¹ consist of migraine, tension-type headache (TTH), the trigeminal autonomic cephalalgias (TACs), and various other primary headache disorders.

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Headache, particularly in the chronic form, is a significant public health issue. TTH was the third most prevalent concern, with migraine reported to be the sixth most prevalent concern in the 2016 Global Burden of Disease Study. Migraine was second only to lower back pain in the category Years Lived with Disability.²

The primary headaches share many common symptoms with an overlapping pathophysiology and treatment response. For diagnostic purposes, the ICHD divides primary headaches into discrete entities that use location, intensity, duration, accompaniments, and effective treatments to differentiate them.

The importance to dentistry lies in the fact that many patients who present with complaints of pain in the orofacial region may have a primary headache disorder. Thus it becomes incumbent on the dental profession to be knowledgeable of, and vigilant for, these disorders.

MIGRAINE

Migraine is a debilitating chronic neurologic disorder typically with an episodic presentation and significant comorbidities (**Boxes 1 and 2**). It can present in a chronic and a refractory form as well, both of which prove recalcitrant to conventional treatment and cause significant disability. The understanding of the pathophysiology has continued to evolve and now focuses on a centralized phenomenon that involves an altered sensory processing and excitability of the brain, originating in multiple brain areas and expressed predominantly in the trigeminovascular system. An in-depth discussion of the specifics of this complex issue is beyond the scope of this article but can be found in other publications.³⁻⁷ The attacks are defined by unilateral head pain, throbbing in nature, and sensitivity to sensory input of sound, light, and movement. The pain can be from moderate to severe; it is the most disabling neurologic disorder and the sixth most disabling globally.^{2,8}

Migraine exists with a 12% global prevalence (18% women, 6% men) and an incidence of 18.2 per 1000 in women aged 20 to 24 years and 6.2 per 1000 in men aged 15 to 19 years.^{9,10} There is a 2.8:1 female to male ratio. This ratio diminishes at postmenopausal ages, and before puberty it favors men slightly. The median onset age is

Box 1 Migraine

- A. At least 5 attacks fulfilling criteria B to D.
- B. Headache attacks lasting 4 to 72 hours (untreated or unsuccessfully treated).
- C. Headache has at least 2 of the following 4 characteristics:
 1. Unilateral location
 2. Pulsating quality
 3. Moderate or severe pain intensity
 4. Aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)
- D. During headache at least 1 of the following:
 1. Nausea and/or vomiting
 2. Photophobia and phonophobia
- E. Not better accounted for by another ICHD-3 diagnosis.

From Headache Classification Committee of the International Headache Society (IHS). The international classification of headache disorders, 3rd edition (beta version). *Cephalalgia* 2013;33(9):629–808; with permission.

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