

Headache



Non-Prescription Drugs and Parapharmaceuticals

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Headache

- Headache is a common symptom. The most common types of headache that the community pharmacist is likely to encounter are tension headache and migraine.
- Another type of headache that pharmacists should be wary of are those related to **medication overuse**.
- Careful questioning can distinguish causes that are potentially more serious, so that referral to the doctor can be advised.

What you need to know-Age

- Children with severe pain across the back of the head and neck rigidity should be referred immediately.
- Child with a headache especially if there is an associated history of injury or trauma to the head, for example, from a fall should be referred immediately.
- It is unusual for patients to present with their first migraine episode over the age of 40 years, and these patients should be referred.
- Elderly patients sometimes suffer a headache a few days after a fall. Such cases may be the result of a slow bleed into the brain

What you need to know-Duration

- Any headache that does not respond to over-the-counter (OTC) analgesics within a day requires referral.

What you need to know-Nature and site of pain

Headaches

Sinus:
pain is
behind
browbone
and/or
cheekbones



Cluster:
pain is
in and
around
one eye



Tension:
pain is
like a band
squeezing
the head



Migraine:
pain, nausea
and visual
changes are
typical of
classic form

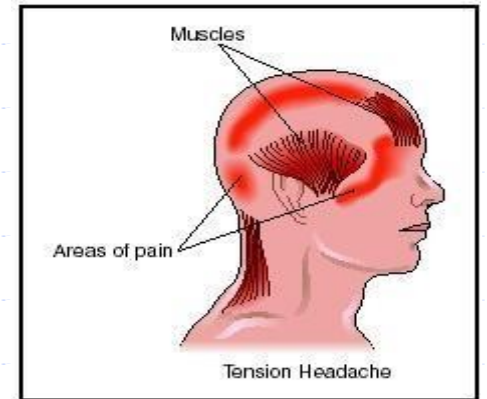


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What you need to know-Nature and site of pain

Muscle Contraction / Tension HA:

- Results from tight muscles at upper back, neck, occiput or scalp.
- Bilateral, diffuse- at top of head- extend to the base of the skull. Aching 'tight' pressing- gradual in onset, worsens through the day.
- Associated with emotional stress/anxiety- may last several days
- A steady, dull pain that is deep-seated, severe, and aggravated by lying down.
- requires referral, since it may be due to raised intracranial pressure from a brain tumour, infection or other cause



What you need to know-Nature and site of pain

- **Migraine HA (vascular HA)**
- **Mainly women** (3 times more)
- **Attack:** 3 hrs--- up to 3 days (av. 24 hrs)
- **Migraine:** recurrent, hemicranial, throbbing
- **Triggers:** stress, fatigue, oversleeping, fasting, vasoactive substances in food, caffeine, alcohol. Menses and changes in BP.
- Maybe caused by medications: nitrates, OCPs, indomethacin, HRTs)

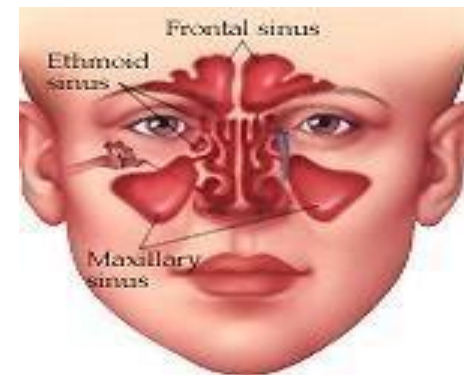
What you need to know-Nature and site of pain

■ **Cluster headache**

- Predominantly affects men aged 40-60
- HA occurs **same** time each day, last 10 min-3h 50% of patients: night-time
- Woken 2-3 h after sleep with steady intense unilateral orbital pain.
- Conjunctivitis and nasal congestion (watery) is experienced at same side of head
- Nausea is usually absent and family history uncommon
- **Referral to the doctor. OTC unlikely to be effective**

What you need to know-Nature and site of pain

- **Sinus Headache**
- infection/blockage of the paranasal sinuses > inflammation/distension of the sensitive sinus walls.
- Localised: peri-orbital, forehead area with stooping, subsides after a while
- **OTC analgesics + decongestants**



What you need to know-Frequency and timing of symptoms

- Pharmacists should regard a headache that is worse in the morning and improves during the day as potentially serious, since this may be a sign of raised intracranial pressure.
- Another type of headache, cluster headaches, typically happen daily (at roughly the same time of day or night) for 2–3 months, and each episode of pain can last up to 3 h

TABLE 5-1 Characteristics of Tension-Type, Migraine, and Sinus Headaches

	Tension-Type Headache	Migraine Headache	Sinus Headache
Location	Bilateral Over the top of head, extending to base of skull	Usually unilateral	Face, forehead, or periorbital area
Nature	Varies from diffuse ache to tight, pressing, constricting pain	Throbbing May be preceded by an aura	Pressure behind eyes or face Dull, bilateral pain Worse in the morning
Onset	Gradual	Sudden	Simultaneous with sinus symptoms, including purulent nasal discharge
Duration	Minutes to days	Hours to 2 days	Days (resolves with sinus symptoms)

What you need to know-Previous history

- It is always reassuring to know that the headache experienced is the usual type for that person
- whereas new or different headaches (especially in people over 45 years) may be a **warning sign of a more serious condition.**
- Migraine patients typically suffer from recurrent episodes of headaches
- In some cases, the headaches occur in clusters. The pain may be present daily for 2–3 weeks and then be absent for months or years

What you need to know-Medication overuse

- Medication overuse headache is a chronic headache (occurring on more than 15 days each month) that develops or worsens with frequent use of any drug treatment for pain in people who have tension-type headache or migraine.
- It has also been identified in people taking analgesics for other painful conditions. It is most commonly seen when triptans, opioids, or combination analgesia have been taken for 10 days per month or more and is sometimes seen if *paracetamol* or *NSAIDs* are taken on 15 days per month or more.

What you need to know-Medication overuse

- If medication overuse headache is suspected, it is important to determine what medication has been taken for headaches, in what dose and with what frequency, particularly in those regularly purchasing OTC products.
- The main treatment is stopping the analgesia, in tandem with careful support and encouragement . Advise people that headache symptoms are likely to get worse in the short term before they improve and that there may be associated withdrawal symptoms



Table 5.3
Specific questions to ask the patient: Headache

Question	Relevance
Onset of headache	<p>In early childhood or as a young adult, primary headache is most likely. After 50 years of age, the likelihood of a secondary cause is much greater.</p> <p>Headache that follows head trauma might indicate postconcussive headache or intracranial pathology.</p>
Frequency and timing	<p>Headache associated with the menstrual cycle or at certain times (e.g. weekend, holiday) suggests migraine.</p> <p>Headaches that occur episodically at the same time of day or night suggest cluster headache.</p> <p>Headaches that occur on most days with the same pattern suggest tension-type headache.</p>
Location of pain (see Fig. 5.1)	<p>Cluster headache is nearly always unilateral in the frontal and ocular areas (can also be felt in the temporal areas).</p> <p>Migraine headache is unilateral in 70% of patients but can change from side to side and from attack to attack.</p> <p>Tension-type headache is often bilateral, either in frontal or occipital areas, and described as a tight band.</p> <p>Very localized pain suggests an organic cause.</p>
Severity of pain	<p>Pain is a subjective personal experience and there are therefore no objective measures. Using a numeric pain intensity scale should allow you to assess the level of pain the person is experiencing: 0 represents no pain and 10 the worst pain possible.</p> <p>Dull and band-like suggests tension-type headache.</p> <p>Severe to intense ache or throbbing suggests haemorrhage or aneurysm.</p> <p>Piercing, boring, searing eye pain suggests cluster headache.</p> <p>Moderate to severe throbbing pain that often starts as dull ache suggests migraine.</p>



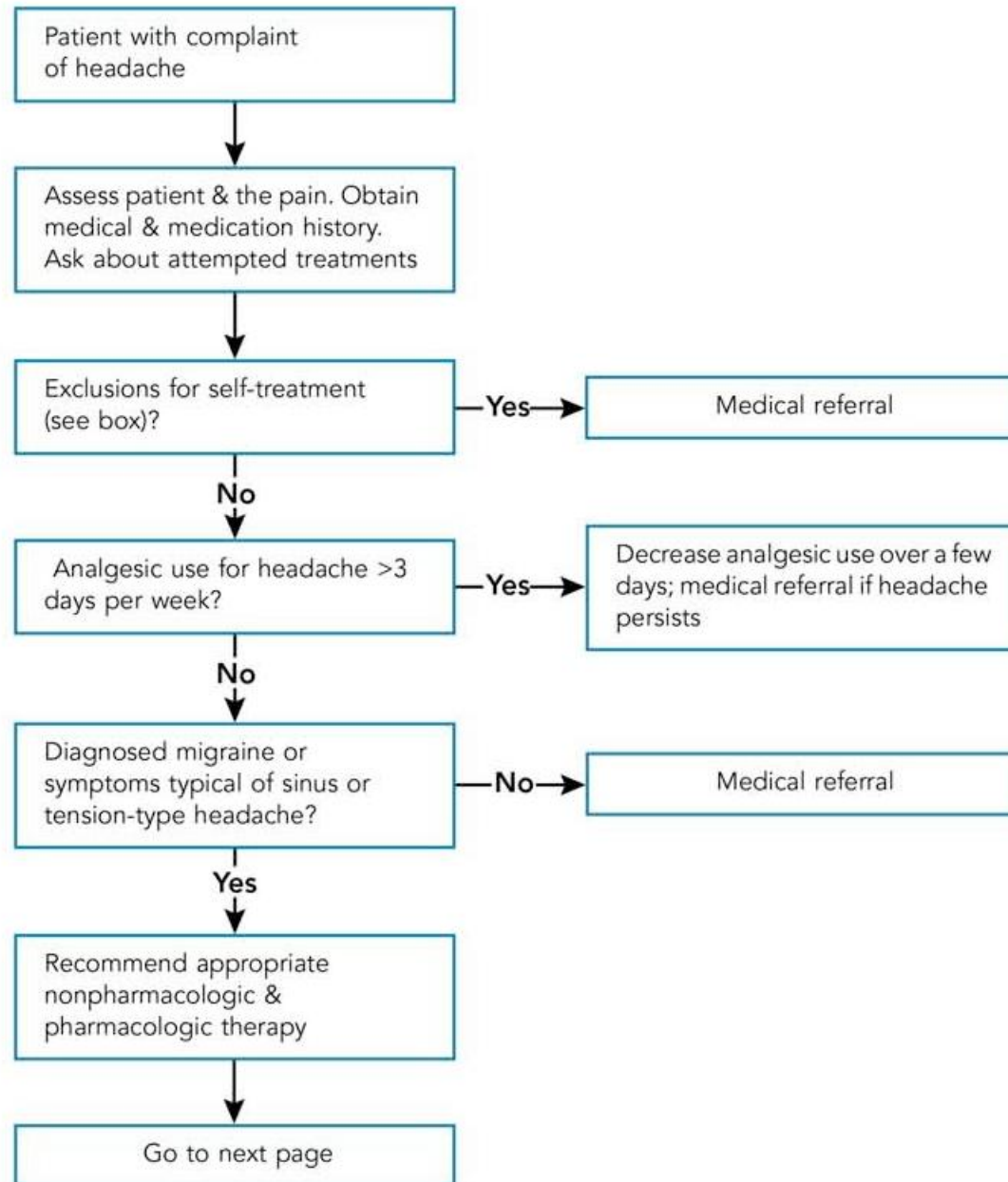
Table 5.3
Specific questions to ask the patient: Headache (Continued)

Question	Relevance
Triggers	Pain that worsens on exertion, coughing and bending suggests a tumour. Food (in 10% of sufferers), menstruation and relaxation after stress are indicative of migraine. Lying down makes cluster headache worse.
Attack duration	Typically, migraine attacks last between a few hours and 3 days. Tension-type headaches last between a few hours and several days, such as 1 week or longer. Cluster headache will only normally last 2–3 hours.
Associated symptoms	Headache and fever at the same time imply an infectious cause. Nausea suggests migraine or more sinister pathology, such as a subarachnoid haemorrhage and space-occupying lesions. Scalp tenderness is associated with temporal arteritis.

Goals of treatment :

- Reduce attack frequency and severity.**
- Reduce disability.**
- Improve quality of life.**
- Avoid headache medication escalation.**
- Educate and enable patients to manage their disease.**

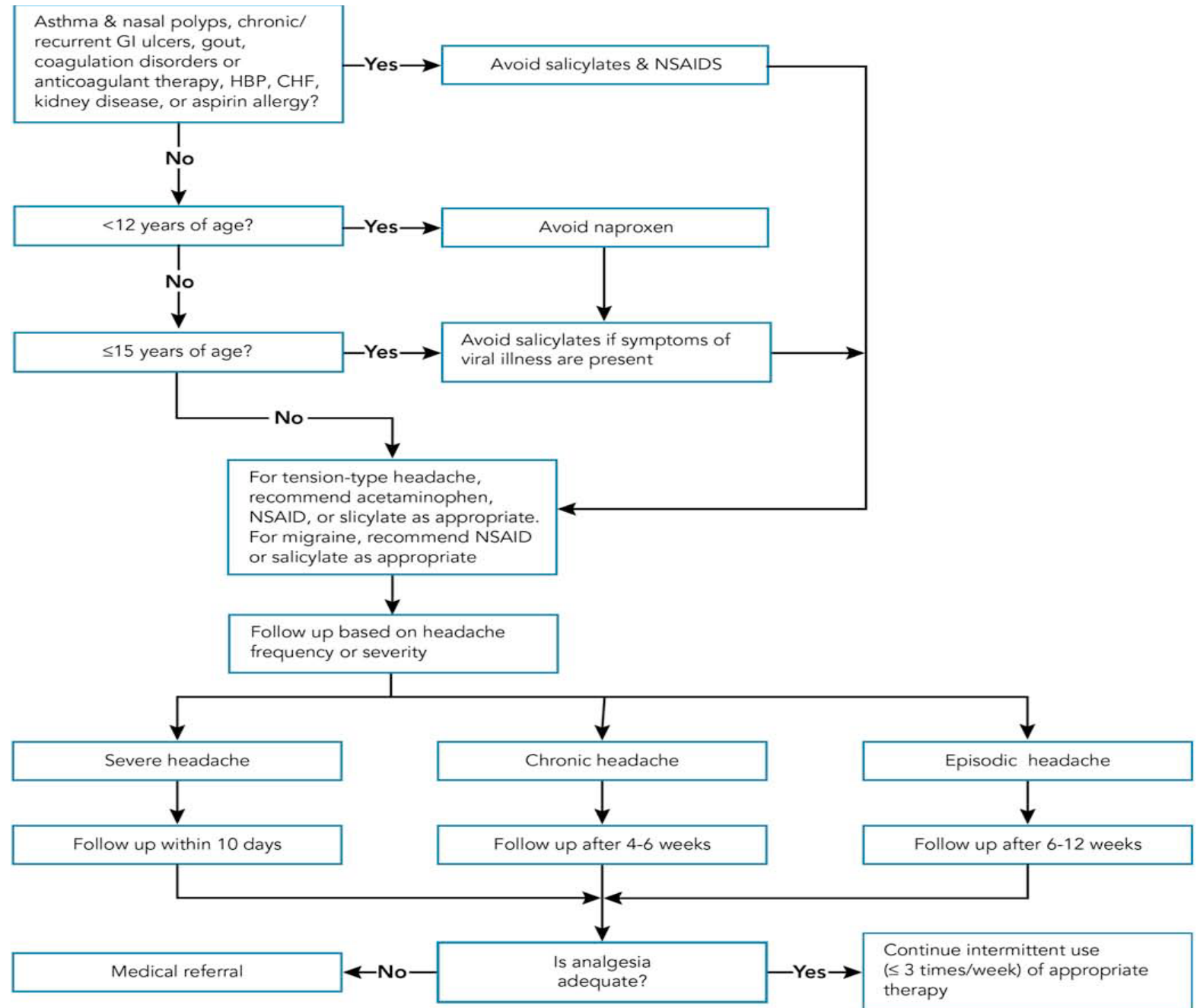
Self-care of headache



Exclusions for Self-Treatment

- Severe head pain
- Headaches that persist for 10 days with or without treatment
- Last trimester of pregnancy
- <8 years of age
- High fever or signs of serious infection
- History of liver disease or consumption of ≥ 3 alcoholic drinks per day
- Headache associated with underlying pathology (secondary headache)
- Symptoms consistent with migraine, but no formal diagnosis of migraine headache

Self-care of headache



- **Treatment timescale**
- If the headache does not respond to OTC analgesics within a day, referral is advisable.

Management

- **Paracetamol** is less irritating to the stomach than is *aspirin* and can therefore be recommended for those patients who are unable to take *aspirin*.
- *Paracetamol* has analgesic and antipyretic effects but little or no antiinflammatory action.
- The exact way in which *paracetamol* exerts its analgesic effect remains unclear
- Evidence for the effectiveness of *paracetamol* in the management of migraine is limited.

Management-NSAIDs

- **Ibuprofen** has analgesic, anti-inflammatory and antipyretic activities and causes less irritation and damage to the stomach than does aspirin.
- The dose required for analgesic activity is 200–400 mg and that for anti-inflammatory action 300–600 mg (total daily dose of 1600–2400 mg). The maximum daily dose allowable for OTC use is 1200 mg and *ibuprofen tablets or capsules*

Management-caffeine

- *Caffeine* is included in some combination analgesic products. OTC analgesics contain 30–50 mg per tablet.
- Products containing *caffeine* are best avoided near bedtime because of their stimulant and diuretic effect
- *Caffeine* may have an irritant effect on the stomach.

Management-Antihistamines

- **Buclizine** is an antihistamine and is included in an OTC compound analgesic for migraine because of its antiemetic action.
- **Doxylamine** is an antihistamine whose sedative and relaxing effects are probably responsible for its usefulness in treating tension headaches.
- Like other older antihistamines, doxylamine can cause drowsiness, and patients should be warned about this.
- Doxylamine containing products should not be recommended for children under 12 years old.

Management-Sumatriptan

- **Sumatriptan** 50 mg tablets can be used OTC for acute relief of migraine.
- It can be used by people aged between 18 and 65 years
- A 50 mg tablet is taken as soon as possible after the migraine headache starts. A second dose can be taken at least 2 h after the first if symptoms come back.
- A second dose should be taken only if the headache responded to the first dose.

- *OTC sumatriptan must not be used prophylactically and not in people with :*
- known hypertension, previous myocardial infarction, ischaemic heart disease.
- peripheral vascular disease, coronary vasospasm/Prinzmetal's angina, cardiac arrhythmias.
- hepatic or renal impairment.
- epilepsy, a history of seizures and cerebrovascular accident

- These include monoamine oxidase inhibitors (either current or within the last 2 weeks), ergot and St John's wort (may increase serotonin levels).

Table 5.4
Triggers and strategies to reduce migraine attacks

Trigger	Strategy
Stress	Maintain regular sleep pattern. Perform regular exercise. Modify work environment. Do relaxation techniques, such as yoga.
Diet. Any food can be a potential trigger, but food that is implicated includes cheese, citrus fruit, chocolate	Maintain a food diary. If an attack occurs within 6 hours of food ingestion and is reproducible, it is likely that it is a trigger for migraine. Eat regularly and do not skip meals. Note: Detecting triggers is complicated because they appear to be cumulative, jointly contributing to a threshold above which attacks are initiated.

Management- Feverfew

- **Feverfew** is a herb that has been used in the prophylaxis of migraine.
- The herb has a bitter taste, which some patients cannot tolerate.
- Feverfew was used in the past as an abortifacient, and it should not be recommended for pregnant women with migraine.
- Adverse effects that have been reported from the use of feverfew include mouth ulceration (which seems to occur in about 10% of patients), abdominal colic, heartburn and skin rashes