

IS YOUR “MIGRAINE” REALLY A MIGRAINE HEADACHE?

The Primary Headaches

A headache is defined as an acute or chronic pain in the head which may vary in character and location. The severity and frequency of these headaches can range from mild and infrequent to severe and frequent. They can limit daily activities, quality of life and decrease productivity.

Headaches can be classified into 3 major categories: 1) Primary, 2) Secondary (caused by another disease or clinical condition) and 3) Cranial neuralgias (nerve pain), facial pain and other headaches. Primary headaches can be further divided into Migraine-type headaches, Tension-type headaches and Cluster-type headaches. In terms of the primary headaches, Tension-type and Migraine-type headaches are the most common (38% and 10% respectively) and then Cluster-type headaches (<1%).

Migraine-type headache (MTH):

A typical MTH has a pulsating/throbbing characteristic and most commonly occurs on one side of the head and/or neck. A MTH occurs while the patient is awake, but may have started on awakening. It is very uncommon for the headache to cause the patient to wake at night. The headache worsens over the next one - two hours to be moderate to severe and can last from a few hours to up to 24 hours. The headache causes the patient to rest or lie down in a quiet dark room as physical activity worsens the headache. The headache gradually decreases within 24 hours or after a period of rest/sleep. MTHs are usually associated with nausea, vomiting and sensitivity to light and sound.

MTHs are classified into two types: MTH with auras and MTH without auras. A MTH with auras is the more common of the two types. The aura consists of visual, sensory and/or speech disturbances. It has a gradual development and does not last longer than an hour. There may be some blurring or loss of vision and the aura presents as zigzag lines, flashing lights or bright spots. The sensory symptom is that of parasthesia (pins and needles) moving from the point of origin to one side of the face or body. Numbness may also occur.

Tension-type headache (TTH):

The most significant finding in TTH sufferers is increased tenderness in the neck and shoulders due to manual palpation. The tenderness is proportional to the intensity and frequency of the headache.

TTH is often described as having a pressing or squeezing characteristic, which occurs from front to the back of the head most commonly on both sides. The headache is usually of mild intensity and is

not aggravated by physical activity. The causes include that of stress, poor posture, sleeping abnormalities and depression. The headache can last between 30 minutes to up to seven days and can be associated with either photophobia (sensitivity to light) or phonophobia (sensitivity to sound). Unlike MTH, TTH is usually not associated with nausea or vomiting.

TTHs can be classified into episodic or chronic. The episodic TTH is usually a moderate, self limiting headache that responds to over the counter drugs. Episodic TTHs can be further divided into frequent or infrequent types. The infrequent episodic type only has a minor impact whilst the frequent type causes a greater amount of disability. The chronic type has a higher frequency and occurs daily and is associated with tight muscles in the head and neck region.

Over the past few years research has shown that chiropractic treatment is effective in treating these headaches and it can decrease the severity and frequency of your headache.