

## **Post-Traumatic Headache Management**

mTBI Education Series

In this session you will learn:

What is a headache?

What is a post-traumatic headache?

Is it due to a serious cause?

Factors that can affect your headaches (more details on exercises, caffeine and pain medications)

How to better manage your headaches

#### What is a headache?

A "headache" is a broad term that describes the symptom of pain or discomfort in the head. Patients may experience many different types of discomfort including squeezing, pressure, heaviness, aching, throbbing, pulsating, or stabbing.

#### What is a post-traumatic headache?

Following a head injury, many people experience head pain. The head pain can last minutes, hours, weeks, months or longer. The vast majority of people with post-traumatic headaches improve within a few weeks after their head injury. For some individuals the headaches lasts longer.

Factors that could be making my headaches worse or preventing my headaches from getting better:

Fatigue/Lack of Sleep

Skipped or delayed meals

Stress, worry, anxiety

Dehydration



Increased exercise levels

Caffeine

Pain medications

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#### Exercise

- For some people, exercise may trigger a headache. This can occur during exercise or a few hours following exercise.
- Lack of regular exercise or activity can be a trigger for frequent headaches
- Maintaining a regular exercise routine can actually prevent the development of headaches for some people. Examples: a brisk walk, jog, bike ride, elliptical machine, exercises in a pool.

#### Caffeine

# Caffeine can be both helpful and harmful to someone who is experiencing headaches.

If you drink caffeinated beverages (ie coffee, tea or soft drinks, energy drinks) on a regular basis...

There is a good chance that you have become dependent on caffeine. Many people are unable to get through a morning without a caffeinated beverage because their brain has become dependent to caffeine. Without the morning caffeine; many people feel "headachy", grumpy and tired. Individuals with chronic headaches are encouraged to attempt a trial of 2 months without caffeine to see if caffeine-withdrawal improves their headaches. This should be done on a gradual basis to avoid caffeine withdrawal headaches. Many people who remove caffeine from their diet have significant improvements in their headaches. Some individuals who stop caffeine do not experience any change in their headaches. Unfortunately, doctors cannot predict whether or not your headaches will improve by stopping caffeine but it is worth trying.

If you don't consume caffeine on a daily basis:

Caffeine can be a very effective treatment <u>for acute attacks</u> of bad headaches. In countries where they do not have access to medications, caffeine is the treatment of choice for bad headaches. A strong cup of coffee or tea on its own, or together with a pain medication, can be an effective treatment for bad headaches for some people. You should not use this treatment too frequently (i.e. less than 10-15 days per month).

#### Pain medications

**Using pain medications too often can actually make headaches worse!** When pain medications cause headaches, it is known as "medication overuse headache" or "rebound headaches". The brain begins to expect medication regularly and starts to become dependent on it. If the medication is not taken, the body "demands" more medication by developing a headache. In this way, medication overuse headaches are similar to caffeine withdrawal headaches.

So what is too much medication? The following table outlines the different types of pain medications and the frequency of use in a month that would be considered too much.

#### Pain Medications (continued)

Do not take more than 15 days per month of these medications:	Do not take more than 10 days per month for these medications:	
Non-Prescription Medications  • Acetaminophen (Tylenol)  • Ibuprofen (Advil)  • Naproxen (Aleve)	Non-prescription Medications  • Acetaminophen with Caffeine (Tylenol Ultra Relief)  • Acetaminophen with Codeine and Caffeine (Tylenol 1)	Prescription Medications Opioids  Acetaminophen with Codeine and Caffeine (Tylenol No.2, 3 or 4)  Oxycodone with Acetaminophen (Percocet/Oxycocet)  Morphine and others  Migraine specific Medications  Sumatriptin (Imitrex)  Zolmitriptan (Zomig)  Naratriptan (Amerge)  Rizatriptan (Maxalt)  Eletriptan (Relpax)  Almotriptan (Axert)

- Minimizing use of opioid medications is good, as they can actually worsen headaches
- If you experience nausea or vomiting as a result of your headaches, there are non-prescription anti-nausea medications (i.e. Gravol), as well as, prescription anti-nausea medications available.

#### **How to Better Manage My Headaches**

- 1) Lifestyle Strategies
- Minimize or avoid factors outlined above to try to minimize the frequency and severity of your headaches.
- Refer to the "Stress and Relaxation" handouts for other strategies.

#### 2) Simple Non-Drug Strategies

- Apply a cold pack to the head or apply pressure to the head; applying heat tight muscles
- Stretching and massaging your neck, temples, shoulder and head
- Going to a quiet place
- Lying down, resting eyes briefly
- · Going outside to get fresh air
- Acupuncture
- Drinking water/eating something
- Deep breathing/relaxation
- Paying attention to the tension in your jaw, forehead and try to relax those muscles

#### Important:

Consult your doctor or pharmacist if you have specific questions about your medications. Do not make changes on your own!

### **How to Better Manage My Headaches (continued)**

#### 3) Pain Medications

	Acute Pain Medications	Preventative Headache Medications
When to use:	These medications work faster or on an "on demand" basis (For example Tylenol, Advil)	When headaches occur too frequently (approximately > 10 days per month), there are medications that can be used to try and decrease the number, the severity and the length of headaches.
Notes:	When used episodically, pain medications can be quite effective. Refer to table above to avoid overuse of pain medications.	There are a number of different medications that can be tried, including:  • Amitriptyline (Elavil)  • Nortriptyline (Aventyl)  • Nadolol  • Propranolol (Inderal)  • Topiramate (Topamax)  • Gabapentin (Neurontin) and others.  *These must be used only as prescribed by your doctor  These medications do NOT work immediately or on an "on demand" basis. They can take weeks to start working and you have to take them every single day in order to see its benefits. Over time, the doses of these medications may be increased to help with the headaches. You will likely need to take these medications for several months at the correct doses for the doctor to see whether or not these medications are working for you and your headaches. If the first medication doesn't work, there are others ones available that may be helpful for your headaches.

For more information on this topic ask your health care provider or visit the Sun Life Patient & Family Resource Centre located at Toronto Rehab Hours:

Monday to Friday 10am-3pm

<u>Note</u>: Depending on the intensity and frequency of your pain you may be only using on demand medication or a combination of preventative and on demand medications.