



Health Tips

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with

Dr. D



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Health Tip: Oh, my aching head. Part 1. Tension, cluster, and sinus headaches

Tension headaches are the most common type of headache. This type of headache was once thought to occur when neck and scalp muscles became tense, usually as a result of stress. More recent work, however, suggests that they may be more similar to migraine headaches. There are a number of triggers for tension-type headaches including stress, depression, anxiety, holding the head or neck in an awkward position, and jaw clenching. Consumption of alcohol or caffeine, as well as cigarette smoking will also trigger this type of headache in some individuals.



Most tension-type headache sufferers describe their headache pain as dull and aching, usually affecting both sides of the head. Some describe a band-like pattern to the pain, encircling the head. As compared to migraine headaches, there are usually no visual disturbances (blind spots or flashing lights), nausea, vomiting, abdominal pain, weakness or numbness on one side of the

body, or slurred speech.

In most cases, the diagnosis of tension-type headaches can be made by a doctor without the need for special testing, such as a CT or MRI scan. Treatment for most sufferers involves OTC medications, such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil). Other self-care measures for this type of headache include practicing relaxation techniques, massaging the scalp near the temples, and applying heat or ice packs to the head. Additionally, learning to manage stress in one's life helps many to reduce the frequency of these headaches. In a minority of tension-type headache sufferers, the headaches become severe or frequent. In these individuals prescription medications including antidepressants, muscle relaxers, and certain anti-convulsant medications (e.g. gabapentin) may help reduce the frequency of attacks.

The term cluster headache is used to describe headaches that occur in cyclical patterns, or "clusters". Cluster periods may last from weeks to months, followed by a long remission period during which time the headaches cease completely. During a cluster period, headaches may occur daily, lasting anywhere from 15 minutes to a few hours. In contrast to migraine headaches, these headaches

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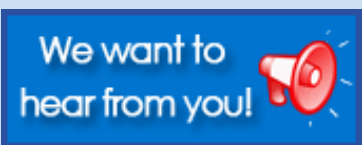


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end as suddenly as they begin. While migraine headaches are more common in women, this type of headache is most often in men. Typical features of cluster headaches include:

- One-sided throbbing, stabbing or burning pain often localized around the eye.
- Redness and excessive tearing in the eye of the affected side.
- Drooping eyelid or constricted pupil of the eye on the side of the headache.
- Stuffy or runny nasal passage on the affected side of the face.
- Sweating on one side of the forehead or face.

The cause of cluster headache is poorly understood. What has been noted, however, is that during a headache, a portion of the brain known as the hypothalamus becomes activated, triggering a neurological reflex that is responsible for the nasal discharge, constriction of the pupil, and sweating. The hypothalamus is also responsible for the circadian rhythms of the body, which may explain the clock-like regularity with which headaches occur during cluster cycles.

Currently, there is no cure for cluster headaches. Treatment is available, however, to help shorten the duration of the headache period. One of the most effective treatments is the use of rapidly acting triptans, such as sumatriptan (Imitrex) and zolmitriptan (Zomig). Both of these are also used in migraine treatment. Other treatments include use of anesthetic (e.g. lidocaine) nosedrops, inhalation of pure oxygen, and fast-acting pain relievers (e.g. Stadol nasal spray).

Anyone with the new onset of headaches with these features should seek medical attention since, on occasion, a more serious problem such as brain tumor or rupture of a blood vessel (aneurysm) can present in the same manner.

"Sinus Headaches" are a bit of a misnomer. What many people call sinus headaches are actual migraine or tension headaches. A true sinus headache occurs when the membranes lining the sinuses in the face become swollen and inflamed, resulting in sinusitis. In addition to the headache, features of sinusitis include nasal congestion or discharge and pressure around the eyes, cheeks, and forehead. Migraine headaches may be mistaken for sinus headaches, since both can share certain features, such as congestion, facial pressure and nasal discharge. Sinus headaches, in contrast to migraines, are not associated with nausea, vomiting or intolerance to bright lights or noise.

Sinusitis can be acute or chronic. Acute sinusitis is usually due to a viral or bacterial infection. Allergies to dust, pollen or mold or a structural problem such as deviation of the nasal septum are common causes for chronic sinusitis. Sinus headaches are treated by addressing the underlying cause. For example, if a bacterial infection is responsible for the sinusitis, treatment with antibiotics may be required. If the sinusitis is related to allergies, use of antihistamines or cortisone-containing nasal sprays is a more effective treatment. For those with recurrent "sinus headaches" without the classic signs of sinusitis, consideration should be given to the possibility that they may actually represent migraine headaches. Next week, we'll look at two different types of headaches, migraines

and the very serious "Thunderclap" headache.

Are you or someone in your family dealing with headaches?

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