What a Pain in the...Head!

Headaches may be a nuisance, a debilitating disorder or the sign of a life-threatening emergency. Here's how to tell the difference.

May 17, 2012 By Kate Ferguson

The first time I got a migraine, I had to take to my bed for one week. The headache began with a stabbing pain that shot through my right eye then spread to my forehead. From there, the pain radiated across the top of my head finally making its way to the back. Every step I took caused my head to pound.
When I got home (my sister was nice enough to drop everything and pick me up from work since I couldn't drive), I lay down. My sister closed the blinds so I could lay in total darkness. I couldn't stand any light or sound and had to lie completely still to avoid explosions of pain in my head from the tiniest movement.

Later, after a visit to the doctor, I learned this headache I couldn't shake was called a migraine. Since that time, these severe headaches have become chronic and I know much more about them.

According to Larry Charleston, IV, MD, the Division of Neurosciences director of the Spectrum Health Medical Group's Comprehensive Headache Care Center, and a clinical assistant professor at Michigan State University's College of Human Medicine, among people who seek medical attention for headaches, the most common diagnosis is migraine. But there are also others—in fact, there are about 300 different diagnoses of headache, Charleston says.

In general, headaches are classified as primary headaches, secondary headaches and cranial neuralgias (more on this later), according to the International Headache Society, a global organization of health professionals who specialize in treating this debilitating health condition.

The migraine I experienced is an example of a primary headache, meaning it wasn't caused by another incident or health problem. Other examples include cluster headaches and tension-type headaches. "Cluster headaches are usually very severe and sometimes excruciatingly painful with a stabbing-like pain," Charleston explains. "But they're usually shorter in duration than a migraine headache and last 15 minutes to three hours if left untreated."

Cluster headaches may also recur at a particular time of the day or night, from once every other day to eight times each day. These almost always occur on one side of the head and are usually not caused by another disorder, Charleston adds.

Tension-type headaches may last from 30 minutes to several days and be mild or moderate in intensity. “This type of headache may be located on both sides of the head, have a pressing or tightening sensation that doesn’t feel as if it’s pulsating and may not be worsened by routine physical activity,” Charleston explains.

“Tension-type headache sufferers can be sensitive to either light or sounds, but not both, and this type of headache is also not usually due to another disorder.”
When a headache occurs with another disorder, it’s classified as a secondary headache—for example a headache that results from some sort of trauma—even if it’s a migraine, tension-type headache or cluster headache.

When headaches are caused by cranial neuralgias or facial pain, they usually occur because the nerves in the head and upper neck become inflamed. This category also includes a variety of other headache causers not categorized as primary or secondary.

But a variety of factors can cause headaches. How do you know when it’s a serious health concern? Doctors advise those who suffer from the head banging to seek medical attention in specific instances. “If you find yourself taking over-the-counter medication, such as acetaminophen, naproxen, ibuprofen, aspirin or a combination drug more than two days a week, see a doctor,” Charleston says. “And headache sufferers should also see a doctor if their headaches negatively affect the daily activities of life.”

In addition, if you have a history of headaches, but your headaches increase in frequency, or they come with temporary vision problems or they are worsened when you bend, cough, stand, lie and make certain movements, then see a doctor right away.

Charleston also warns that all of the following may be signs of a potentially serious disorder: headaches associated with systemic symptoms (for example, weight loss, fevers and chills), changes in behavior or personality, focal neurological symptoms or signs (for example, weakness in a limb, partial loss of voluntary movement or impaired movement), a sudden peak “thunderclap” headache (the headache is the worst headache of your life), or if chronic headache onset occurs after age 50.

Fortunately, for me, my headache was none of the above. But the migraines I had still required treatment. Initially, my doctor prescribed prescription migraine meds. (Most were very expensive for the amount of tablets dispensed.) After trial and error, however, I found a couple of over-the-counter medications that worked.

“The best headache treatment will depend on several factors,” Charleston explains. “Three important ones are the type of headache, the individual’s lifestyle and realistic goals and expectations.”

But the best treatments often use multiple approaches. These include meds used to stop a headache, preventive treatment and non-drug measures such as biofeedback, adequate

hydration, proper diet and exercise.

Says Charleston, “Many African Americans are hesitant to take the first step and get help. But when headaches are persistent and affect your daily life, you literally need to understand what’s happening in your head. A correct diagnosis and treatment plan can help bring you much needed relief from pain.”

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