

Coping with Chronic Headaches

Ninety percent of us get at least occasional headaches. If we're lucky, a couple of acetaminophen do the trick, and the pain melts away.

Unfortunately, headaches can also become an unwanted pattern of pain, whether they're caused by migraines, tension, sinus, neck arthritis, or poor vision. The goal of treating chronic headaches is to prevent them from occurring in the first place—and that's a three-step process.

STEP 1: Eliminate rebound headaches

Quick headache fixes don't work over the long run, and medications are for occasional use only. A good rule of thumb is to use over-the-counter medication for mild to moderate headaches no more than twice a week. Use prescription medicines, like Imitrex, no more than twice a month.

Using medications more frequently than this gradually promotes an increase in headache frequency and severity. Headaches recur as the medicine wears off. This phenomenon is called 'rebound' headaches. Not all medications cause rebound headaches. Plain ibuprofen and acetaminophen don't, but analgesics with caffeine (e.g., Excedrin) and decongestants do. So do prescription opiate (narcotic) pain medications.

If you've been using over the counter medications more than twice a week or prescription medications more than twice a month, the first step in your headache prevention plan is to eliminate any rebound headaches you're experiencing.

That means not using the medications you've grown to rely on. The best way to do this is to quit cold turkey. Flush your medications down the toilet or get them permanently out of your reach in some other way. You may find this very hard to do, but it's the only way to guarantee that you won't perpetuate rebound headaches.

At the start of a headache, eat something, relax, lie in a dark room, sleep, apply ice or heat to the head, do neck stretches, massage neck/shoulders/temples. These strategies can help lessen the pain as your system responds to the absence of the medications it's come to rely on. It may take as long as a few weeks for your rebound headaches to abate, but going through this painful period will ultimately lead to less pain in the long run.

STEP 2: Reduce your headache triggers

Many headaches are brought on by similar triggers, such as certain foods, hunger, stress, medications, hormones, sensory stimuli, barometric pressure changes, and decreased sleep. Triggers add up, too—so the combination of stress, not enough sleep, and a hunk of aged cheese, for instance, might be an express train to pain for you.

You can't eliminate your exposure to all of your headache triggers—the key is to keep your total exposure below the threshold at which a headache results. For instance, if chocolate is one of your triggers, you may be able to eat it if you're well rested. The very

next day, if you're short on sleep, for instance, chocolate might induce a crashing headache.

Everyone's threshold is different. Your spouse may be able to have a glass of red wine after a stressful day at work; the same combination might make your temples throb. The key to preventing headaches is understanding your personal threshold and keeping your total exposure to all your headache triggers below it.

It's hard to avoid some headache triggers, such as changes in barometric pressure, fluctuating hormones, sensory stimulation like perfume, smoke, bright lights, noises, or chemicals, or physical exertion. You have much more control over other types of triggers, such as how you handle stress and how much sleep you get.

Other headache triggers can be avoided. Certain foods are associated with headaches: caffeine, chocolate, MSG, processed meats, cheese and other dairy foods, nuts, alcohol, vinegar, citrus fruits, bananas, some vegetables, and Nutrasweet® and other artificial sweeteners. Begin by eliminating trigger foods for a month to see if your headaches lessen. You can reintroduce some foods once your headaches have improved, but avoid caffeine permanently—it's one of the strongest dietary triggers.

Prescription and over-the-counter medications can also trigger headaches. Hormone therapy, hormonal contraception, asthma medicines, stimulants (including herbs), Ritalin, diet pills, nitrates (for heart disease), Viagra and similar medications for erectile dysfunction, and some antidepressants can all cause headaches. If you suspect that one of your medications is adding to your trigger load, discuss this with your doctor. If you're unable to change medications, you can plan to reduce other triggers to keep your overall exposure at a lower level.

Be particularly wary of herbal medicines that claim to boost your energy level, help you lose weight, or treat sinus problems. These generally contain caffeine, ephedra, decongestants, or other compounds that can trigger headaches—and cause them to rebound.

STEP 3: Raise your headache threshold

It's critical to eliminate rebound headaches before trying preventive treatment. The rebound phenomenon blocks your body's ability to respond to preventive medications. It's also key to lower your trigger exposure—many people find that eliminating avoidable triggers eliminates chronic headaches.

If, after eliminating rebound headaches and triggers, you still need prescription medications for pain relief more than twice a month, it's time to consider preventive medications.

Preventive medications are prescription-only, so work with your doctor to find a preventive regimen that works for you. You have choices about types of preventive treatments:

- Tricyclic antidepressants (e.g., Elavil, Pamelor)
- Calcium channel blockers (e.g., Verapamil)
- Beta blockers (e.g., propranolol)

Discuss the pros and cons of each type of medication with your doctor. Once you decide, start at the lowest dose and try it for a couple of weeks. If the lowest dose isn't effective, bump up to a higher dose.

You don't have to suffer with chronic headaches. With a plan and some patience, you can break free of the cycle of pain.

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