

CAUSES OF HEADACHE

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INTRODUCTION

- Headache disorders are among the most common disorders of nervous system (WHO,2023)
- Headache disorders impose a recognizable burden on sufferers
- In Uganda prevalence of headache among HIV positive patients in rural Rakai was 28% (Sachal et al,2019)
- 19% met criteria for migraine , 55% reported functional impairment and 37% reported substantial or severe impact of headache

CLASSIFICATION OF HEADACHE

- Primary headache
- Secondary headache

Remember to

- Understand who the patient is
- Understand their symptom(s)
- Understand their past medical history
- Understand their drug history
- Understand their family history
- Understand their social history
- Understand the signs they have

PAIN PRODUCING STRUCTURES IN THE HEAD

- Scalp
- Middle meningeal artery
- Dural sinuses
- Falx cerebri
- Proximal segments of the large pial arteries.

PAIN INSENSITIVE STRUCTURES IN THE HEAD

- The ventricular ependyma
- Choroid plexus
- Pial veins
- Much of the brain parenchyma

HEADACHE RED FLAGS

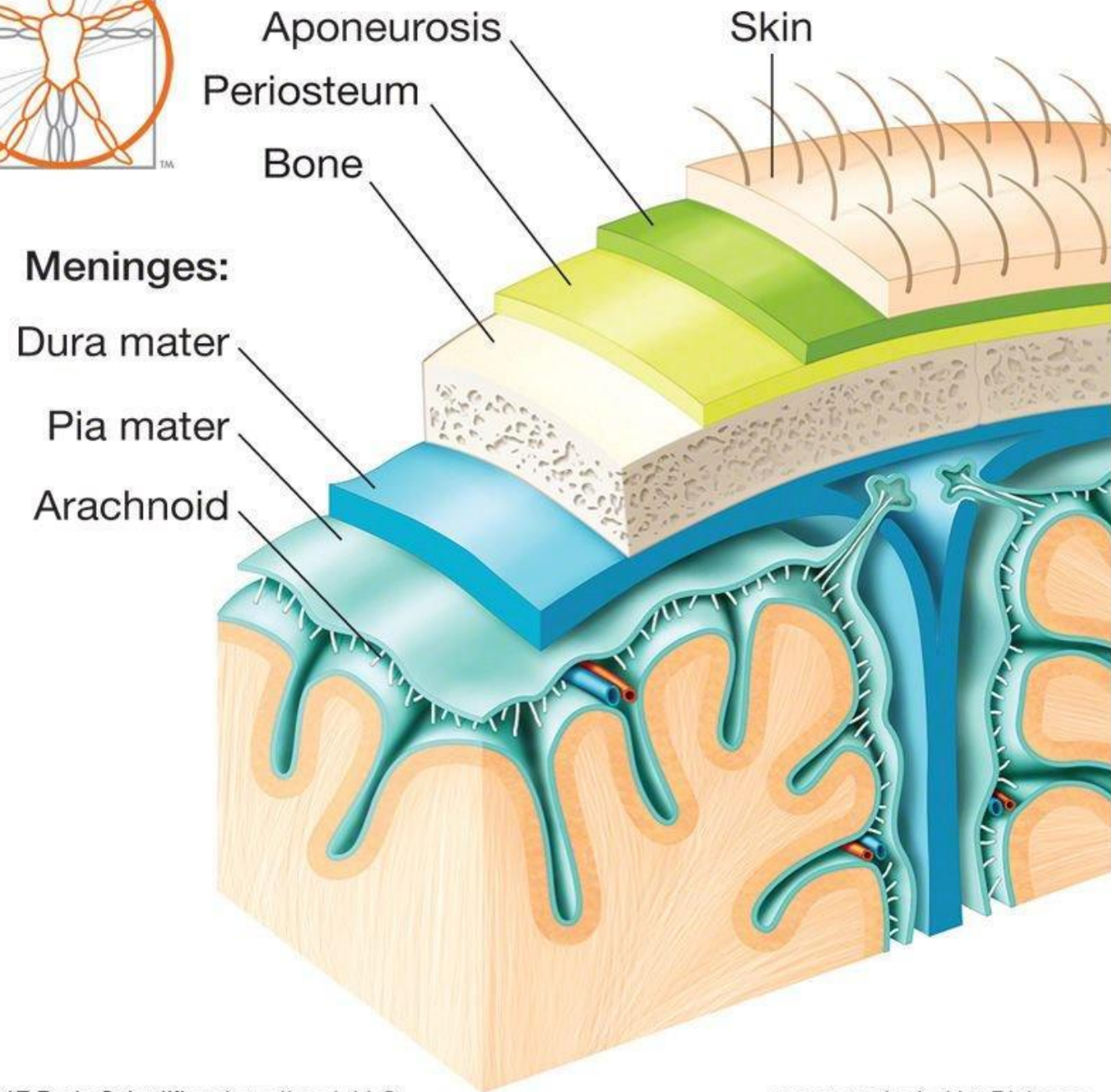
- Systemic symptoms and signs – fever, weight loss, myalgia
- Secondary risk factors e.g. HIV, Cancer etc.
- Neurological symptoms e.g. focal weakness, convulsions
- Older than 50 yrs. of age

HEADACHE RED FLAGS

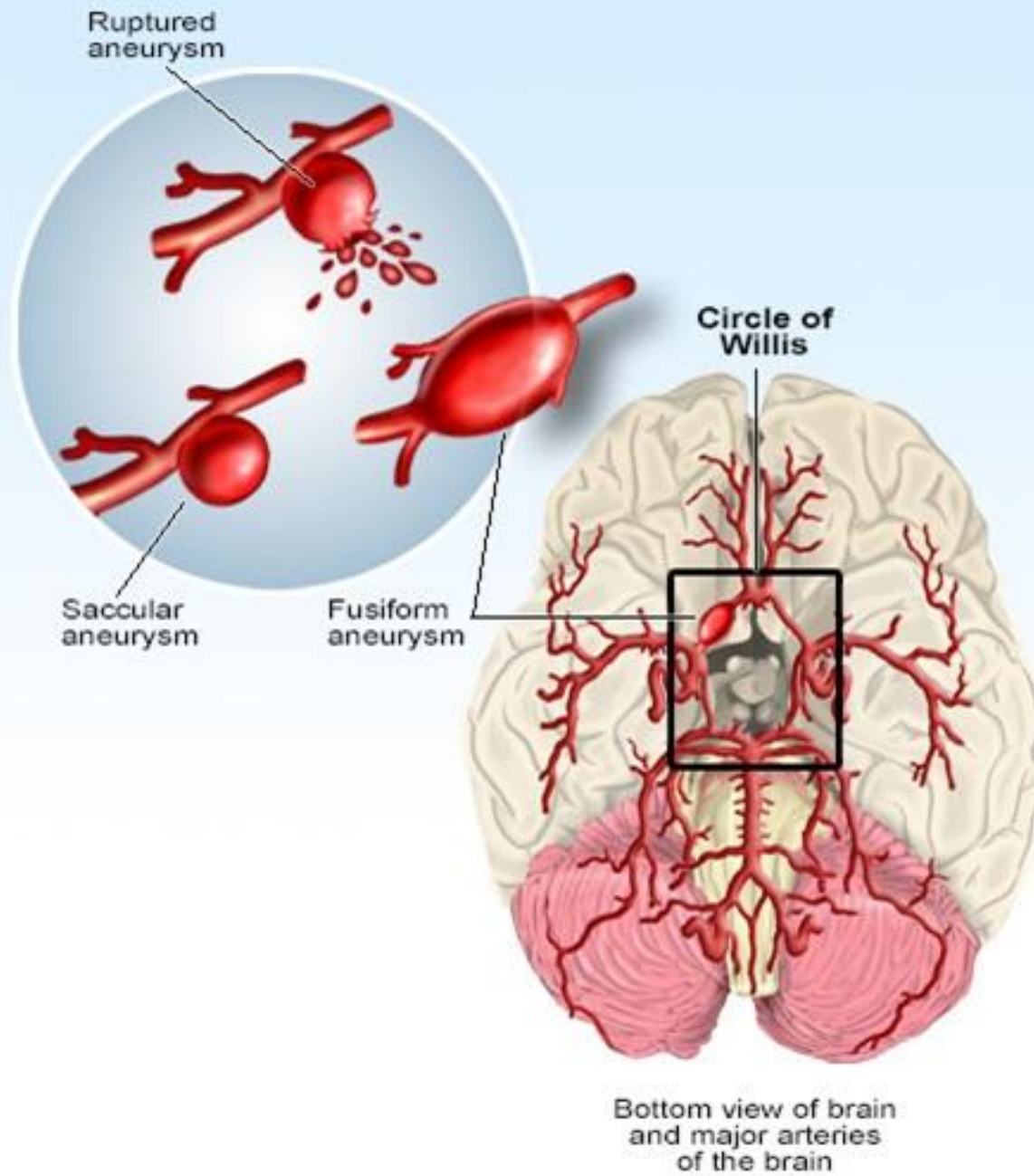
- Abrupt onset of headache
- Papilledema
- Positional headache esp. worse on lying down and better sitting up
- Pattern change
- Precipitated by Valsalva's maneuver

CAUSES OF SECONDARY HEADACHE

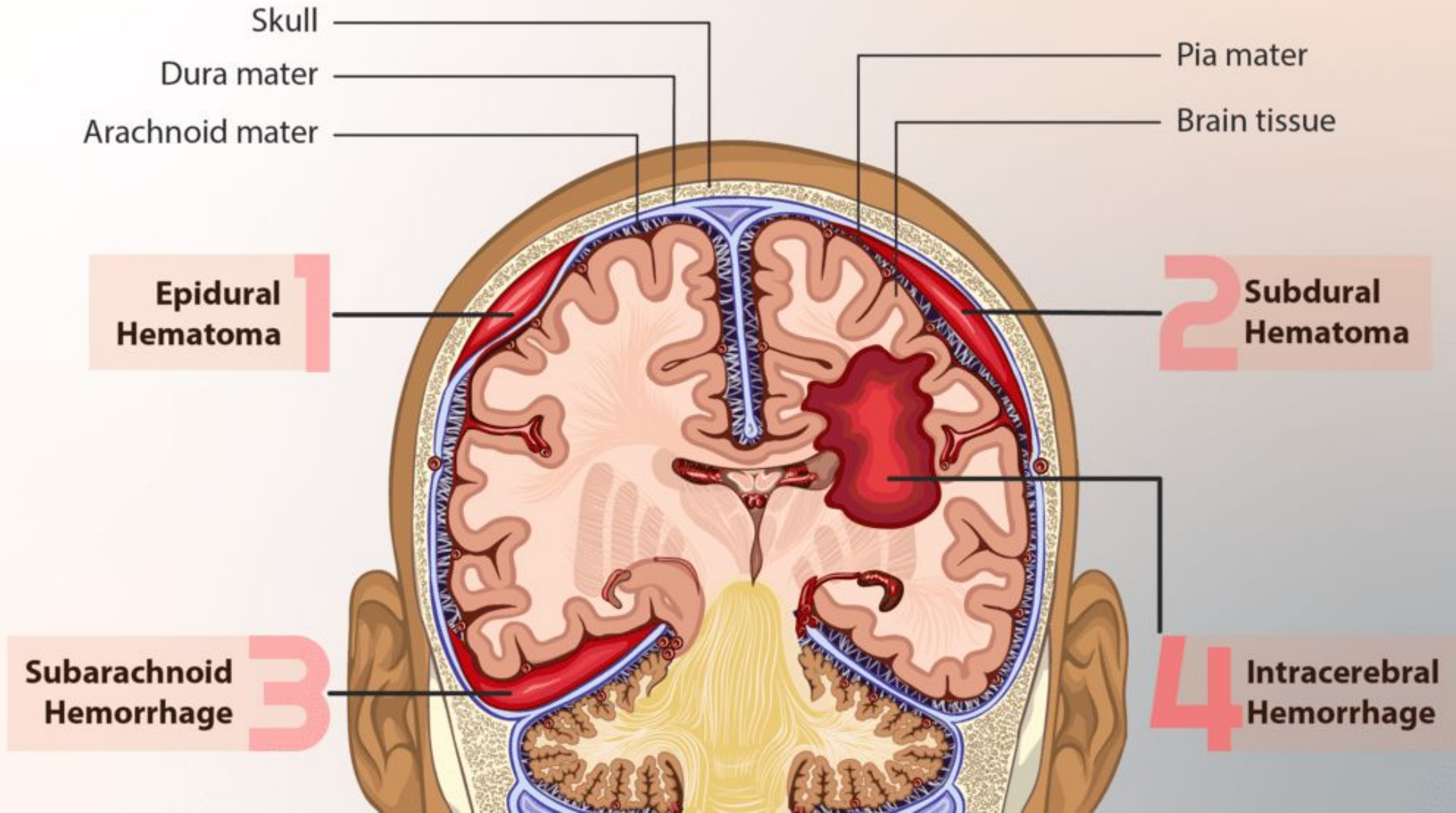
- Meningitis - infection, carcinomatous
- Subarachnoid hemorrhage
- Subdural hematoma
- Epidural hematoma
- Intracerebral hemorrhage



Brain Aneurysm



Types of brain hemorrhage



CAUSES OF SECONDARY HEADACHE

- Cerebral venous thrombosis
- Posterior reversible encephalopathy syndrome
- Reversible cerebral vasoconstriction syndrome

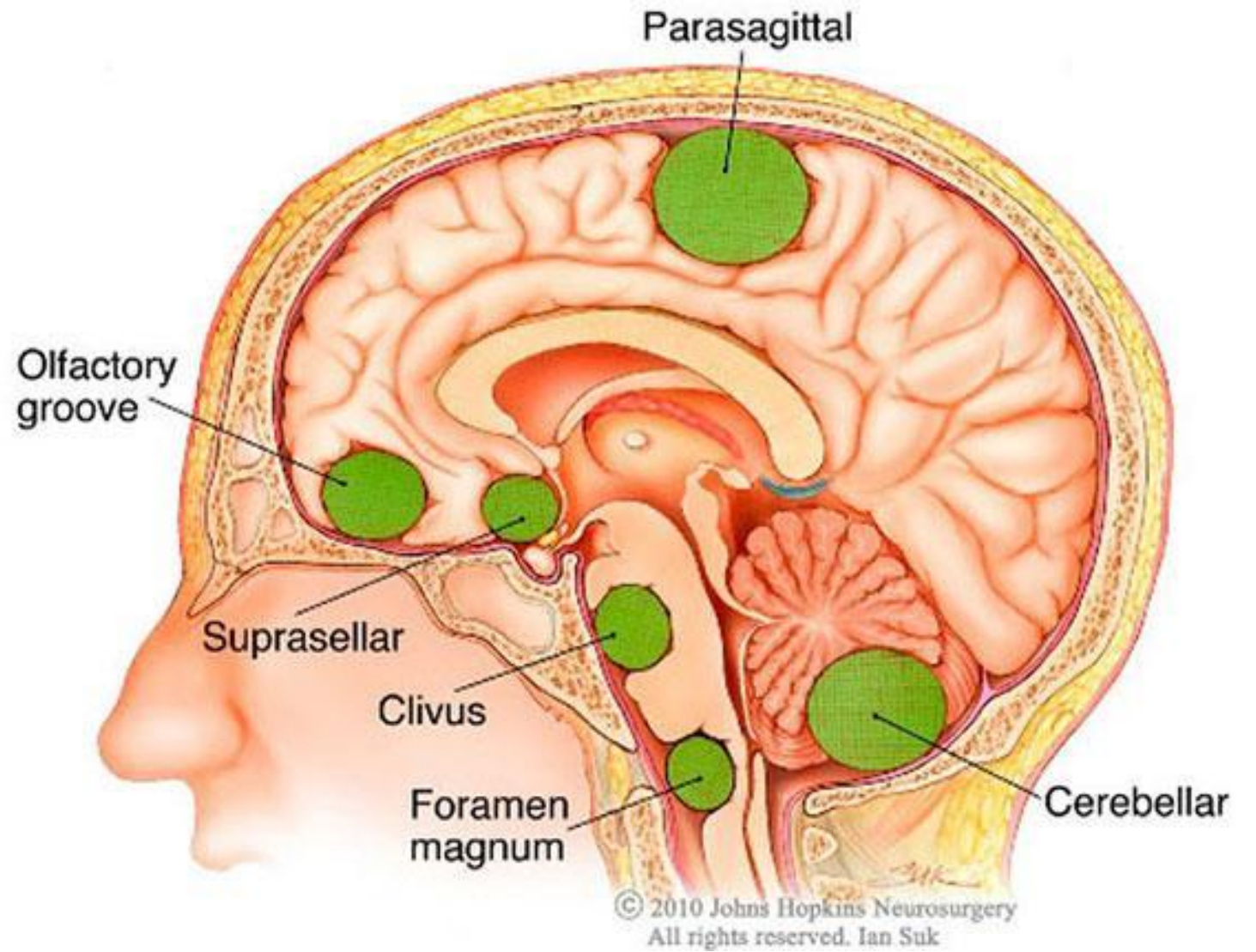
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- Temporal arteritis
- Carotid/vertebral artery dissection
- Hypertension emergencies-preeclampsia, eclampsia
- Pituitary apoplexy

CAUSES OF SECONDARY HEADACHE

- Brain tumors
- Slowly growing third ventricle colloid cysts
- Intracranial hypotension
- Idiopathic intracranial hypertension

Brain tumors



CAUSES OF SECONDARY HEADACHE

- Neuralgia- trigeminal neuralgia, occipital neuralgia
- Ocular- eye strain, acute glaucoma
- ENT- sinusitis
- Metabolic-hypoxia, hypercapnia

Primary headache

- Migraine
- Trigeminal autonomic cephalgia-cluster headache
- Tension headache

Migraine headache

- Most common non life threatening headache
- More in females
- Starts in childhood and peaks at approx. 40 years
- Aura and prodrome

Migraine headache

- Unilateral
- Pulsating / throbbing
- Associated with nausea and vomiting
- Photophobia and phonophobia
- Family history

Cluster headache

- Not very common
- More in men
- Commonly start in adulthood
- Occur in clusters with circadian and circannual pattern
- Can occur daily for a week and remit for at least 4 weeks
- Unilateral and excruciating but brief

Cluster headache-autonomic symptoms

- Lacrimation
- Conjunctival injection
- Nasal congestion
- Ptosis, miosis
- Edema of eyelid / face
- Sweating of forehead

Tension headache

- Characterized by bilateral tight, band-like discomfort.
- Builds slowly, fluctuates in severity, and may persist more or less continuously for many days.
- The headache may be episodic or chronic (present >15 days per month).
- No accompanying features like nausea, vomiting, photophobia, phonophobia, osmophobia, throbbing
- No aggravation with movement

Headache Types



Tension



Migraine



Cluster

References

- Tintinallis Emergency Medicine 9th edition
- Harrison principles of Internal Medicine 9th edition