

Don't ignore that nagging headache



**YOUR
HEALTH**

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Fifteen per cent of the world's population suffers from a headache on any given day, and it accounts for about 10 per cent of medical consultations. Despite this, it is often not taken seriously. Students and employees complaining of headaches may be unfairly labelled as lazy or malingering.

A headache is pain in any part of the head. It may occur on one or both sides and can be stationary or radiating. It may present as a sharp pain, a throbbing sensation or a dull ache. Headaches can develop suddenly or gradually, disappear within an hour or last for days. In some individuals, they recur pre-menstrually.

Adults, especially women, students and professionals under constant pressure, are likely to develop the most common type — tension headache. These may occur daily or occasionally. The pain is typically dull and non-pulsating, with a feeling of tightness around the head like a band. It may extend to the neck and shoulders.

Common triggers include anxiety, lack of sleep, hunger and dehydration. Many people spend long hours on social media with poor posture, such as slumping or sitting awkwardly. Prolonged, unblinking focus on screens can also cause eye strain, contributing to headaches. These headaches may last from a few hours to a week and usually respond well to medications such as paracetamol or ibuprofen. Ice packs may help too.

Cluster headaches are extremely severe. They usually occur on one side of the face, often around one eye. The eyelid may droop, and there may be facial swelling on the affected side. These headaches are more common in men and typically begin after the age of 20. They may have a genetic component and

can run in families. Their frequency and severity may increase with smoking and alcohol use.

Migraine headaches affect around 12 per cent of the global population and are more common in women. They most commonly occur around the age of 35.

A diagnosis of migraine is considered if the headache lasts 4-72 hours, is throbbing and one-sided, worsens with activity, improves with rest and is associated with nausea or vomiting, and increased sensitivity to light and sound. If such headaches occur on 15 or more days per month for at least three months, they are classified as chronic migraine.

Secondary headaches have an identifiable cause. They may be triggered by uncontrolled hypertension, sinusitis or cervical spine (neck) problems. They can also result from infections of the brain or its coverings (meninges), in which case they are accompanied by high fever, nausea and vomiting.

Headaches following a head injury may be associated with bleeding from the nose or ear. Heavy exercise and dehydration can also precipitate headaches. Some individuals are sensitive to food additives such as artificial colours, preservatives (e.g., nitrites) and flavour enhancers like monosodium glutamate. Intake can trigger headaches. Overuse of painkillers beyond prescribed limits may worsen and perpetuate headaches.

Evaluation of headaches requires a detailed history, including frequency, any triggers and habits. Certain warning signs, such as recent onset, occurrence after the age of 50 or association with fever and weight loss, may require X-rays, MRI or CT scans.

Treatment should be individualised. Stress can be reduced through exercise and meditation. Blood pressure should be controlled. Attention should be paid to posture during screen use. Dietary triggers should be identified and avoided. Specific medications are available for treatment of migraines.

