

# Headache Analyzer

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## In This Paper... Who Gets Better?

? Cycle of Pain

Dr. Bruce Abbott is board certified in internal medicine, neurology and sleep medicine. He is an assistant professor at Brown and Tufts universities school of medicine.

## Who Gets Better?

By Bruce P. Abbott, M.D.

My experience in treating a number of headache patients over the years, many successfully but some less so, has turned up a set of "sticking points" or issues. Most headache patients who get better have effectively dealt with these points. Patients who don't improve are unable or unwilling to deal with them. Some of these points may seem provocative, annoying or unfair. However they are very real.

### Sticking Points

#### Multiple problems

Chronic headache sufferers usually experience more than one headache type. Multiple things are wrong and effective treatment must involve removing or reducing more than one cause of the headaches. It is analogous to stones in one's shoe; if only one stone is removed, the walker will still hobble. All of the stones have to be removed in order to walk freely. Similarly, the headache treatment plan needs to lay out a sequence of actions that will remedy the multiple problems involved. Usually one headache type at a time. This takes time, patience, effort and a willingness to actively participate in the treatment effort.

#### Social Stigma

There is a social stigma to being a chronic headache sufferer and taking headache medicine. Medicines for heart disease or diabetes are examples of socially acceptable medicines. Society understands that our body becomes ill and medicine for these types of illness is required. There seems to be considerably less support and understanding for the chronic headache sufferer. Missing work or a major social event for reasons of a headache often fail to pass the social acceptance test. Headache pain is real. And it can be excruciating, denying the sufferer the opportunity to function in a normal manner and perform routine daily activities. I have found that successfully treated patients often involve a family member in their diagnosis and treatment process. Involvement of a support person who can assist the a patient in dealing with headache can go a long way. Support individuals can:

1. prompt the patient to take medications
2. help the patient complete therapeutic exercises
3. help in maintaining a schedule
4. accurately track headache episodes

For many chronic sufferers adhering as close as possible to a fixed schedule, engaging in regular exercise and participating in outside events can be important in maintaining a headache free period.

#### Medication and Side Effects

My experience tells me that a belief among many of those “who don’t get better” is that side effects are a reason not to take medications. The contra-indication list can be lengthy and given all the possible side effects such patients see it as sensible not to take their headache medication as prescribed. However, the question is not the general issue of side effects but the specific question of whether or not potential side effects of a given medication affect you. Not whether they effect someone else. The particular medicine may have a side effect for another individual but be well tolerated by your system. If not, your doctor can usually prescribe an alternative medication that will work toward the same therapeutic goal with fewer or no side effects.

#### Natural Substances

Another assumption is that there should be a natural substance one can successfully take and thus avoid pharmaceutical treatment. Furthermore, there is a belief that medical doctors are suspicious and not supportive of natural or alternative treatments. Medical doctors are trained to be evidence based. For the most part they are not inherently “anti-natural” if there is strong clinical evidence of the efficacy of the treatment. The test is not whether it is “natural” or “synthetic.” The test is whether it is safe and effective. Natural substances have not gone through the same rigorous studies as pharmaceutical medicines. Putting an alternative substance into your body, a substance that has not been well researched and tested places the headache patient at risk. The alternative substance may confound prescribed medications and abort the therapeutic effect.

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## Cycle of Pain

The Cycle of Pain is a continuous series of events that if not broken at some point leads to the development of a Chronic Pain Syndrome wherein a headache sufferer finds it difficult to achieve lasting relief.

Each step in the Cycle of Pain must be addressed before a headache will go away.

Acute headaches are easily treated by simple measures such as aspirin and rest. Once a headache becomes chronic (or long term), however, every element of the pain cycle must be treated, or the headache will continually recur. This is because the individual's musculature is under constant stress and neurotransmitters in the brain become chronically depleted. Treatments for acute headaches such as the use of painkillers, chiropractic manipulation, and simple relaxation techniques may bring immediate, but rarely lasting relief. In fact, excessive use of painkillers such as Tylenol or Excedrin, often make long term treatment more difficult, and can even induce rebound migraine headaches; the latter being extremely difficult to treat once started.

Read more about the Cycle of Pain in our clinical monograph "Managing Tension Headache" found on our web site at

[http://www.headacheanalyzer.com/html/more\\_headache](http://www.headacheanalyzer.com/html/more_headache)