

Reducing the impact of troublesome headache in the workplace

Exeter NHS headache clinic, St Thomas's health centre, Exeter.

The objective of these notes is to:

- Explain the likely diagnosis of troublesome headache.
- Outline its causes and mechanism.
- Describe some useful medications that can be taken without a prescription.
- Suggest some ways in which a consultation with a GP can be facilitated.

What is the likely diagnosis?

Troublesome headache falls into two patterns. Firstly, a dull pain which is usually at the back or around the head without any features - this is known as tension type headache. Secondly, a more severe pain with associated features that may include nausea or sickness together with an increased sensitivity to light sound or movement - this is migraine. Migraine does not have to be associated with an aura or be on one side only. Only 30% of migraineurs have an aura and in 30% of attacks the pain is on both sides. There is likely to be a family history of troublesome headache but in 20% of migraineurs this will not be the case.

Often features of both tension-type and migraine headache are experienced and many headache experts now view both these headaches as part of the migraine spectrum. The picture may be complicated by using too many painkillers which can itself cause additional headache (see below).

Tension type headache

The pain is dull, like a band around the head and there are no associated features. Tension-type headache is poorly understood but invariably there is a clear relationship with stress alleviation of which usually manages the

problem. Amitriptyline can be helpful but this can merely be obtained on prescription. However, if there is a family history of migraine or if you have ever had a migraine type headache, this is more likely to be a migraineous headache. In practice I very rarely diagnose a tension-type headache as a cause of a troublesome problem.

Migraine

Migraine is usually associated with nausea or vomiting. Other features can be noise, light or movement sensitivity. In 30% of people there is an aura which typically lasts between 30 to 60 minutes and usually manifests as a visual disturbance although other aura features are possible.

If you have migraine you are not alone - migraine affects 15% of females and 8% of males. 10% of children suffer with migraine. It is second in the World Health Organisation's health problems in terms of disability burden, and can have implications for family, social and leisure activities.

What causes migraine?

A "migraine engine or generator" has been identified at the base of the brain and this is where the migraine process starts. You have a greater chance of having migraine if a family member also has it. This migraine generator is close to the part of the brain that controls the stomach and also the nerves of the shoulder and neck. Many migraine sufferers experience pain in the neck and shoulders during or between attacks. Often this is the migraine generator firing often without causing a migraine attack but triggering the nerves supplying the neck and shoulders which is a manifestation of "low intensity migraine".

What causes the migraine generator to be activated?

Triggers and things that change

- Specific triggers can activate the migraine centre. You may recognise some of these. Red wine, cheese and chocolate are the most common but there are a number of other triggers that may be individual to you. Caffeine is an important trigger of migraine and caffeine containing drinks such as Coca-Cola, tea and coffee should be kept to a minimum.

- Most people don't recognise the fact that changes in environment both within the body and externally can also trigger migraine. For example, many migraineurs suffer from "weekend migraine" where the stress of the working week suddenly declines. Other important fluctuations include levels of hydration, food intake, sleep patterns and activity levels. It is important to keep all these changes as constant as possible within the constraints of normal everyday life. In particular, ensure regular drinks through the day, regular spaced mealtimes and if possible, regular sleep and rising times. Some females may notice migraines around the time of their menstrual periods when hormone levels are changing.

What happens during a migraine attack?

Three phases of the migraine attack are recognised but all three don't occur in everyone.

1. The prodrome

Some people describe what is known as a "prodrome" up to 24 hours before the attack. This is an abnormal feeling or sensation such as agitation, food craving, yawning, heightened sensitivity, etc. Other people may notice this change in you. If you have a prodrome it is important to recognise it as the sooner you can treat the impending migraine the more effective the treatment will be.

2. The aura

Up to a third of migraine sufferers have an aura. Most commonly, this precedes the headache and lasts between 30-60 minutes. Most commonly the aura is visual - jagged patterns, central blindness or flashing lights. However, an aura can take a number of forms that include pins and needles, muscle weakness, difficulty in speech. Sometimes an aura can occur without being followed by the headache or more rarely, during the headache phase.

3. The headache

The headache phase usually lasts between 4-72 hours. As the nausea centre in the brain is next to the migraine generator, nausea and

vomiting are common and can be problematic. It also means that medication taken by mouth will not be absorbed as effectively once the migraine process has started. This has important implications for treatment

What treatments are available without seeing a doctor?

Treatments fall into two categories - treating the attack and preventing the attack.

i) Treating the attack - putting the brakes on the migraine generator once it has started

The sooner the migraine attack is treated the better it will be. This is for two reasons.

- The more momentum the migraine builds up the more difficult it is to stop.
- Due to activation of the nausea and vomiting centre in the brain, there will be a reduction of absorption of medication into the blood stream.

Paracetamol, aspirin and buccastem - a useful first step

The information sheet below shows a very useful combination that can be bought from the pharmacist. Soluble preparations work quicker and there is a suggestion that absorption is enhanced if taken with a fizzy drink. The buccastem is an anti-sickness tablet that will also help the absorption of the paracetamol and aspirin

Information Sheet for Patients using
Soluble Aspirin/Paracetamol/Buccastem for migraine Attacks

How do these tablets work?

These tablets act in different ways to counter two main problems of migraine.

- *Soluble paracetamol* is a useful pain-killer which alleviates the pain component of migraine.
- *Soluble aspirin* is an anti-inflammatory which reduces the inflammation component of migraine.
- *Buccastem* is an anti-sickness medication that reduces nausea and facilitates the absorption of the aspirin and paracetamol.

Can I take all these tablets together?

The tablets are meant to be taken together. They act in different ways and complement each other.

How should I take them?

Paracetamol 3 x 500mg tablets (1500mg), soluble Aspirin 3 x 300mg tablets (900mg), Buccastem 1 X 3mg

Although these dosages are slightly higher than normally recommended, it is important to get the blood levels of these tablets up to adequate levels quickly.

Do these tablets have any side effects?

All tablets have a number of listed side effects that you will find in the medication packets. However, side effects are rare.

Do these tablets interfere with any other medication I might take during an attack?

These tablets don't interfere with other migraine medication which can be taken in addition if needed. If you are on medication prescribed by your doctor check with the pharmacist.

Can I take this combination again?

The tablets can be taken again after four hours but in lower doses. The maximum dose of these medications in 24 hours should be Paracetamol 8 x 500mg tablets (4 grams total), soluble aspirin 8 X 300mg tablets (2400mg total), Buccastem 3X 3mg tablets.

N.B. This leaflet is intended to provide a brief overview of aspects of this treatment protocol. It is not intended as a substitute for the comprehensive 'product information' leaflet found inside all boxes of

medication. The 'product information' leaflet should always be read before taking medication.

Triptans - the main- stay of acute migraine treatment

If this combination doesn't work for you or is only partially successful then you should consider a medication known as a Triptan. The family of drugs known as Triptans have revolutionised the treatment of migraine. One of this family known as Sumatriptan is now available to be purchased directly from the pharmacist. The dose is 50mg but if this is ineffective two tablets (100mg) can be taken. The pharmacist will make sure there are no reasons why you shouldn't take this medication - the main one being a history of heart of disease or stroke.

If the Paracetamol/Ibuprofen combination in Figure 1 is only partially successful then you can still take the Triptan. In many cases migraine sufferers are unsure whether their headache is going to develop into a migraine and it may be useful to take the combination medication first if you are unsure. Alternatively you can take all three together without any problem

The above medications can be purchased over-the-counter. However, if sumatriptan doesn't work or has problematic side effects there are a number of other medications in the Triptan family which your GP can try. If nausea or vomiting is a significant problem then triptan's are available via a nasal spray or a self administered injection both of which bypass the stomach.

ii) Preventing the attack

When attacks are quite frequent or problematic then preventative medication aims to stop the migraine centre from firing. A number of medications can be purchased from health food shops that can be effective in the prevention of migraine although the evidence base is not as extensive as prescribed medications. You will need to check with your

pharmacist if you are on any other medication for potential drug interactions. The most commonly used preventers that are available without a prescription are:

- Riboflavin (Vitamin B2) - 400mg a day
- Magnesium – 600 mg a day in divided doses.
- Co-enzyme Q10 - 100mg 3 times a day

Co-enzyme Q10 has the best evidence base and the fewest side effects but may be expensive at this dosage. All medications should be taken for at least eight weeks before a benefit is judged.

Beware of headache due to taking too much pain killing medication

All pain killers taken for headache can exacerbate the problem if taken on 15 or more days of the month. This is known as medication overuse headache and is quite a common problem. The difficulties of stopping regular medication are well recognised and you may need the support of your GP to do this. The first important step is to recognise this as a problem.

Other things to look out for

It is very rare that migraine has an underlying serious cause particularly if it has been present for some time. However, you should consult your GP if the pattern of your headaches has changed significantly or you have any unusual patterns of weakness or abnormal sensations in between headache attacks. Migraine starting over the age of 50 should also be seen by your GP.

Migraine often doesn't come alone

Other recurrent painful conditions such as fibromyalgia and irritable bowel syndrome are more common with migraine. Of particular importance is an association with anxiety and depression, possibly as these have similar biochemical mechanisms to those of migraine. It is important to address

any anxiety and depression as these can make migraine worse which in turn can exacerbate the anxiety and depression. Some things you can do:

- You can refer yourself to the NHS depression and anxiety psychological service <https://www.dpt.nhs.uk/our-services/depression-and-anxiety-das>
- Your GP can consider medical treatment which although sometimes receives a bad press can be very effective.
- Mindfulness is a useful approach which can deal with unhelpful thought processes.
- Emotional freedom technique can be useful for alleviating unhelpful emotions.

More information on the latter two approaches can be found on the Exeter headache clinic website (see patient information sheets.) It has to be said that there is no scientific evidence to support their use but they don't cost anything, have no side effects and help a number of people!

Seeing your GP about your migraine

If the above measures haven't helped you then your GP is the next step. Migraine can be difficult to diagnose and manage within the constraints of a ten- minute consultation. Some things that are important to tell your GP are:

- That you think you have migraine – evidence suggests that you are usually correct.
- The impact of your migraine – evidence suggests that if you can explain to your doctor the impact of the problem your treatment will be more appropriate.
- What medication you have tried.
- A headache diary is also important. It can help your GP to understand the frequency of your headaches and possibly identify any triggers. You can download one from the headache clinic website.
- Your contraceptive needs or plans for having a family as these factors may determine management.

You should expect your GP to discuss prescribing a Triptan with an anti-sickness medication and the possible need for preventive medication.

What can I do at work?

It is important that your working environment is correct for you and that your employer understands your problem. The migraine trust has useful information to support the workplace and advocacy service.

<https://www.migrainetrust.org/living-with-migraine/asking-for-support/help-at-work/>

Patient organisation support groups can offer support and advice.

Migraine Action - www.migraine.org.uk

Migraine Trust - www.migrainetrust.org

