

# Essay on headache assessment and treatment recommendations for patients

[Health & Medicine](#), [Stress](#)



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Headaches can be primary or secondary. Primary headaches are the most common, and they include tension-type headaches, migranes, and several rare conditions, such as cluster headaches and trigeminal neuralgia (Scottish Intercollegiate Guidelines Network [SIGN], 2008). Secondary headaches are caused by other conditions in the head and neck or external factors, such as viral infections and medication overdose (SIGN, 2008).

Headaches can be treated as medical disorders, but more importantly, they should be treated as symptoms that can be caused by disorders in the nervous system, cardiovascular system, lymph nodes, or the musculoskeletal system. When assessing a patient, the standard questions are required to determine the location, frequency, onset, recurring pain, duration, pain characteristics, previous injuries, medical history, current treatments, and associated symptoms. However, further questions are usually necessary to identify habits and issues that are associated with headaches, especially chronic conditions.

## **Patient Assessment**

After asking the standard questions to collect information about the headache, I would ask the patient, “ Can you tell me more about your lifestyle habits, such as physical activity and eating habits?” Avoidance of routine physical activity is defined as a diagnostic criterion for several types of headaches by SIGN (2008). High alcohol and caffeine intake are also associated with all types of headaches (Milde-Busch et al., 2010, p. 1112). Asking the patient about lifestyle and eating habits alone can identify several headache causes and be used for engaging in patient education to prevent or minimize further headache occurrences.

## **Physical Activity**

Lack of physical activity can induce headaches. Physical activity improves the production of endorphin, a hormone associated with migraine headaches. People who suffer from chronic migraines show low levels of basal plasma  $\beta$  endorphin, and increases in  $\beta$  endorphin levels are associated with clinical improvements (Misra, Kalita, Tripathi, and Bhoi, 2013, p. 321). Knowing the patient’s physical activity habits can contribute to education about headache prevention.

Lack of exercise can also be correlated with high levels of stress, which is a common trigger for several types of headaches, including migraine headaches and cluster headaches (Cowan, 2005). Stress can induce headaches because it impacts factors associated with headaches, such as lack of sleep and anxiety levels (Barker, 2010). Besides improving overall health, exercise is directly associated with reducing stress levels because it

improves endorphin levels, increases self-confidence, and reduces conditions caused by stress, such as anxiety, depression, and sleeping disorders (Mayo Clinic, 2012). If the patient suffers from high stress, a sedentary lifestyle can amplify its effects and potentially cause a variety of health issues, including headaches.

## **Eating Habits**

I would ask the patient to describe a typical diet followed throughout the weekend to suggest potential changes that could prevent headaches.

Although studies do not show consistent results in identifying foods that act as headache triggers, it is possible that some individuals can suffer from headaches as reactions to caffeine, artificial sweeteners, tyramine-rich foods, alcohol, or meat containing nitrites (Salhofer-Polanyi et al., 2012, p. 1238). That is why I would encourage the patient to identify the foods that may be causing the reaction and avoid them.

It is also possible that high iron content found in magnetic resonance imaging (MRI) studies can be responsible for chronic headaches because the high iron content and the ability of neurotransmitters to generate free radicals can cause significant free radical damage to the local structures (Welch, 2009, p. 283). Antioxidants can decrease free radicals and toxic effects in the brain, so they can protect brain cells and alleviate headaches (Hickey, 2010, p. 67). With that in mind, asking about the patient's eating habits can also be used to identify the lack of antioxidants intake.

## **Treatment Recommendations**

Although headaches are more often a symptom rather than a cause, I would recommend both pharmacological treatments in combination with engaging in patient education. Pharmacological drugs are required because they have a rapid onset and can be used to alleviate acute symptoms (Cowan, 2005). However, treating the symptoms with analgesics is not a suitable long-term treatment strategy.

Patient education is required to prevent relapses by eliminating the causes of headaches. Eating habits, environmental stress, and physical activity need to be addressed with multidisciplinary interventions because they are the most common lifestyle factors associated with headaches (SIGN, 2008). Stress management, supervised exercise therapy, relaxation therapy, and dietary advice can be combined to help patients alleviate their headaches.

## **Conclusion**

It is evident that headaches are often symptoms with a variety of causes, such as other disorders, anxiety, and lifestyle habits. When assessing the patient's condition, those factors need to be addressed, and patient education needs to be implemented as a long-term strategy for alleviating headaches.

However, multidisciplinary interventions often require a lot of resources, and addressing cases independently cannot be considered effective. Is it possible to implement patient education to create a significant impact in the population while minimizing the resource requirements for interdisciplinary interventions? Some potential strategies can include public health

interventions or organized group therapies, but the development of strategies also needs to consider information and recommendations for people who suffer from less frequent cases, such as cluster headaches, trigeminal neuralgia, and secondary headaches.

## References

Barker, J. (2010, May 14). Reduce stress to prevent headaches. Web MD.

Retrieved May 24, 2013 from <http://www.webmd.com/migraines-headaches/features/art-prevent-stress-headaches>

Cowan, R. (2005, October 11). Causes and treatments of migraine and related headaches. eMedicine Health. Retrieved May 24, 2013 from [http://www.emedicinehealth.com/causes\\_and\\_treatments\\_of\\_migraine\\_headaches/article\\_em.htm](http://www.emedicinehealth.com/causes_and_treatments_of_migraine_headaches/article_em.htm)

Hickey, S. (2010). The vitamin cure for migraines: How to prevent and treat migraine headaches using nutrition and vitamin supplementation. Laguna Beach, CA: Basic Health Publications, Inc.

Mayo Clinic. (2012, July 21). Exercise and stress: Get moving to manage stress. Mayo Clinic. Retrieved May 24, 2013 from <http://www.mayoclinic.com/health/exercise-and-stress/SR00036>

Milde-Busch, A., Blaschek, A., Borggräfe, I., Heinen, F., Straube, A., & Von Kries, R. (2010). Associations of diet and lifestyle with headache in high-school students: Results from a cross-sectional study. *Headache: The Journal of Head and Face Pain*, 50(7), 1104-1114.

Misra, U. K., Kalita, J., Tripathi, G. M., & Bhoi, S. K. (2013). Is  $\beta$  endorphin related to migraine headache and its relief. *Cephalalgia*, 33(5), 316-322.

<https://assignbuster.com/essay-on-headache-assessment-and-treatment-recommendations-for-patients/>

Salhofer-Polanyi, S., Frantal, S., Brannath, W., Seidel, S., Wöber-Bingöl, Ç., & Wöber, C. (2012). Prospective analysis of factors related to migraine attacks: The PAMINA study. *Headache: The Journal of Head and Face Pain*, 52(8), 1236-1245.

Scottish Intercollegiate Guidelines Network. (2008, November). Diagnosis and management of headache in adults: A national clinical guideline.

Retrieved May 24, 2013 from [http://www. sign. ac. uk/pdf/sign107. pdf](http://www.sign.ac.uk/pdf/sign107.pdf)

Welch, K. M. A. (2009). Iron in the migraine brain; a resilient hypothesis. *Cephalalgia*, 29(3), 283-285.