

Preface

The authors have spent more than two decades practicing as neurologists with a subspecialty in headache (Drs. Mark Green and John Rothrock) or working as a clinical psychiatrist (Dr. Leah Green). During that time, many important discoveries have improved the diagnosis and management of headache syndromes, but this new information obviously has value only if it is shared with the afflicted patient. Headache becomes much less overwhelming a problem when both parties, clinician and patient, understand its origins and the options available for treatment.

This book was written to provide you, the patient, with the information you need to better manage your headaches. Understanding the causes and triggers of headache and the range of treatment options will help

you make more informed and effective decisions regarding your care.

“Are you sure I don’t have a brain tumor, Doctor?” is a question commonly posed to physicians by headache patients, and in the not-so-distant past, this concern was often the major reason for referral to a neurologist. If no tumor or other ominous cause for the pain was discovered, the relieved patient then returned to the family doctor. The only problem with this approach was that it left the individual still burdened with headache. Few physicians appeared interested in dealing with the patient’s pain, in large part because the treatments available were discouragingly few and frequently ineffective.

With the medical technology available today, diagnosis of headache has become simple and safe. Excluding a brain tumor requires only that the patient’s head be placed in a scanning device. So why not perform brain CT or MRI scans on every individual who complains of headache? There are two major drawbacks to this “solution”: limited medical resources and limited benefit to the patient. Society simply cannot afford the cost of performing scans on every patient with a headache. More important, the overwhelming majority of headache sufferers do not need a scan and will receive no medical benefit whatsoever from undergoing one. Put simply, very few patients presenting with the complaint of headache have a brain tumor or any other abnormality that will be detected by a brain scan. Most suffer from a primary headache disorder, and most of them have migraine, specifically.

What is the alternative to this indiscriminate approach? Without doubt, taking a basic history and per-

forming a physical examination remain the most important clinical techniques for every physician who evaluates a headache patient. The history and a careful neurological exam typically reveal the diagnosis and direct treatment. Little of importance is missed when this low-tech approach is utilized.

Once the patient and the doctor are able to establish that the headaches are primary in origin and not the result of a brain tumor or other “organic” disease, the process of treating the headache syndrome begins. To do so optimally includes teaching the patient all the means available for self-treatment. The most difficult patients to manage are those who cannot provide accurate information about their headaches or who refuse to participate in their own treatment program. This book will discuss the historical details that the patient should supply when consulting a headache specialist, as well as abundant information that will enable the motivated patient to suppress his or her headaches more effectively.

In the following chapters, we will share with you what we take into consideration when we evaluate headache patients and answer their questions. What should worry a headache sufferer and what should not? What is important to tell the doctor? What is known about headache and what remains to be discovered? What new treatment options are available? Can headaches be prevented? If so, what is the best management plan for a given patient?

Knowledge is of the utmost importance in treatment. People cannot manage their headaches optimally without accurate information, and not all information is simple to understand. Those who chronically suffer from

headaches also need the support and understanding of their families, friends, and coworkers. Spouses and employers often misperceive chronic head pain, and those burdened by headache may be led to feel that they are somehow responsible for their predicament. They are told that their headaches are the result of stress, with the implication that their inability to suppress their pain reflects some personal deficiency. Not surprisingly, this may result in loss of self-esteem, reduced productivity in the workplace, and a gradual erosion of one's quality of life. Caregivers also may lose time from jobs or desired social activities. The fear of experiencing an intense headache often drives sufferers to overmedicate themselves, particularly when they discover, as with some older drug treatments, that the drugs do not work reliably. Leisure time often is adversely affected, and relationships with family members and friends may deteriorate. The capacity to limit the emotional and physical distress induced by headache will improve the quality of life both for the sufferers and those who live with them.

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