

Heads Up! The Growing Problem of Headaches: Part One
By
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Headaches aren't a new problem. They are probably the most common complaint in the chronic pain category second only to low back pain. Millions of people not only struggle to find the cause of frequent headaches, but more importantly a solution. The typical headache sufferer usually starts with a few random headaches from time to time that will usually resolve with taking over the counter pain relievers. Not too long after, the headaches become more frequent and more severe in nature. Next, the pain relievers appear to be less effective so people take multiple doses or 2 to 3 times the regular recommended dosage to battle the pain. Finally, that thin line between frustration and desperation leads you to the doctor's office.

Skipping ahead, one doctors visit commonly leads to more and results remain variable with often more stories of failure than success. Most stay the course and continue to run the battery of tests and rule out everything from brain tumor to eye glass prescriptions only to arrive at the diagnosis of migraines. Finally a light at the end of the tunnel as the headache sufferer is given a diagnosis and a prescription to finally manage this problem. Problem solved right? If only it were that simple. Many are fortunate and Imitrex or Zomig does the trick to keep things at bay. Others aren't as lucky. The medications work sometimes or not at all and the patient is right back to square one. Why are migraine headaches so difficult to manage? Probably because they are misdiagnosed.

First lets look at a true migraine. Migraines could typically last anywhere from 2 to 75 hours and be accompanied by sensitivity to light, odor, sounds and present with nausea. They can sometimes be triggered by certain foods in some people and some are so severe that they lead to blacking out. Migraines come in two flavors, those with auras and those without. An aura is a visual disturbance that serves as a prelude or warning of the big event. The event itself is a vascular phenomenon where the blood vessels to the head constrict (narrowing) followed by a rapid dilation (opening) of blood flow that leads to the pounding. One might say its like a volcanic eruption, and anyone who has suffered from one would probably agree.

Migraines are often misdiagnosed. Unfortunately when all other diagnostic tests come up negative, physicians fall back on the migraine diagnosis. It is not uncommon for any frequent and severe headache to get labeled as a migraine. Any throbbing headache associated with nausea gets labeled as a migraine. I think it is far too easy for physicians to gravitate towards the migraine diagnosis and this is not always the correct label. Many headaches can come on strong and often, but that doesn't necessarily make them a migraine.

To complicate things further, the headache sufferer might suffer from multiple types of headaches throughout the year and this poses a problem in the pursuit of management. Often a patient is diagnosed with migraines and then assumes every bad headache they have from that point on is assumed to be a migraine. I have seen people that claim to suffer 30 to 40 migraines a year, or 2 to 4 headaches a week consistently. Are all of these headaches migraines? Digging a little deeper, the migraine medication may help one out of every seven or eight headaches. This supports the notion that migraine medications really only help when the headache is a migraine. Other bad headaches tend to not respond so well because its the wrong tool for the job. Screwdrivers work great on screws but don't help too much with nails and bolts. Correctly identifying the type of headache provides a better course

of action in managing the problem.

This article will be a multiple part series that will eventually shed some light on the darkness caused by headaches. I wanted to at least introduce the problem and help open the door of why frequent headaches are so difficult to control in so many. The problem may not lie so much in the effectiveness of the medication, but the strength in identifying the type of headache. Please join us next month for part 2 of this series when we look at the imposters that disguise themselves as migraines. Once we have a broader picture of the perplexing headache problem we can then look at different solutions in extinguishing this volcano.

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