Types Of Headaches

- Primary Headaches
- Secondary Headaches

Headaches can be very different for different people. The pain may have different qualities: throbbing, sharp or stabbing, constant or intermittent, a dull ache. Some headaches may last only seconds or minutes, whereas others last hours or even days.

Some headaches may be felt in the forehead, in the temples or in the back of the neck; sometimes headaches occur just on one side of the head. The quality, duration and location of a headache often help health-care providers to make a specific diagnosis.

Headaches also vary in their frequency. Some peoples have rare or infrequent headaches. Others get headaches on a regular basis, including women whose headaches coincide with their menstrual periods.

Still others have clusters of severe headaches that occur frequently over several weeks, then disappear for months or even years. Most troubling are the headaches that occur frequently, or even daily, over months or years.

There are many different types and causes of headaches. Health care providers generally divide headaches into two major categories:

- Primary headaches — Headaches that are their own unique condition
- Secondary headaches — Headaches that are caused by other medical conditions

Primary Headaches

Most people who have regular headaches have one of three types of primary headaches:

- Migraines
- Tension-Type Headaches
- Cluster Headaches

Not everyone with regular headaches falls neatly into one of these three categories. Some people have headaches that appear to share features of more than one type of headache, and other people may have different types of headaches at different times. For example, some people may have occasional migraines interspersed with less severe tension-type headaches.

Migraines

Migraines are among the most common types of recurring headaches. A typical migraine is a throbbing headache that occurs on one or both sides of the head. The headache is characteristically accompanied by nausea, vomiting or loss of appetite. Activity, bright light or loud noises may make the headache worse, so migraine sufferers (or "migraneurs") often seek out cool, dark, quiet rooms. Most migraines last anywhere from four to 12 hours, although shorter or much longer headaches can occur.
One unique feature of migraines is a prodrome, or an unusual sensation that a migraine is about to occur. Prodrome symptoms include fatigue, hunger and nervousness. Migraines may also have typical aftereffects, such as a day or two of exhaustion after a severe migraine headache has faded. Not all migraine sufferers have prodromes or aftereffects.

Another unique feature of migraines is the aura — a change in vision, sound, taste or smell that comes and goes over 15 to 30 minutes and alerts a sufferer that a headache is about to begin. Only about one-third of migraine sufferers experience auras, and an aura may not occur with every headache. An aura may even occur without being followed by a headache.

Rarely, migraines can cause unusual neurological symptoms such as dizziness, loss of vision, passing out, numbness, weakness or tingling. Women who suffer from migraines often find that their headaches occur or worsen around the time of their menstrual periods.

Migraines typically develop in people aged in their teens, 20s or 30s and often "burn out" by the time a person reaches their 50s or 60s. Sometimes symptoms are first seen in younger or older individuals. Migraines are about twice as common in women than in men, and they tend to run in families.

**Tension-Type Headaches**

**Tension-type headaches** are also known as tension headaches or muscle-contraction headaches. They tend to focus in the neck and back of the head, and they may wrap around the temples or forehead. Often they produce a feeling of tightness surrounding the head, similar to a hat that is too small. There may also be tenderness in the muscles of the scalp, neck and shoulders. Certain symptoms that are characteristic of migraine — particularly nausea, as well as aura — are absent in tension-type headaches.

Almost everyone has occasional tension-type headaches, making them the most common type of primary headache. Usually, these headaches will respond to rest or an over-the-counter pain reliever. In some people, tension-type headaches occur frequently, even on a daily basis. Chronic tension-type headaches may be a source of great frustration and are often difficult to treat.

**Cluster Headaches**

**Cluster headaches** are a unique type of headache that is much less common than migraines or tension-type headaches. Men are affected about six times more often than women. The typical sufferer develops daily, excruciating headaches that occur in a "cluster" of several days to several weeks. After running their course, the headaches may disappear for months or even years. The headaches are brief — building up explosively over as little as five minutes, then lasting a total of one to three hours — but more than one headache may occur in a single day.

The pain of cluster headaches tends to center around one eye and may spread to the rest of the face. The affected eye may become red, droopy or tearful, and the nearby nostril may become runny or blocked. Unlike migraine sufferers, those with cluster headache often feel better if they keep moving during the headache.

**Chronic Headaches**
Some people start with occasional headaches, but they slowly develop a pattern of increasingly frequent headaches. Eventually, a chronic daily headache is present on most days of the week. These chronic headaches may last for months or even years. Symptoms are usually similar to tension-type headaches, but features of migraine or cluster headache may occur.

People who suffer from chronic daily headaches often share two characteristics. First, they often feel depressed or under stress, and these symptoms seem to be an important part of their headaches. In some people, the stress and depression seem to trigger the headaches, whereas in others, the opposite is true. Regardless of which causes which, drugs used to treat the mood symptoms are often critical to stopping the headaches.

Secondly, people with chronic headaches often struggle with the temptation to overuse pain-relieving drugs. Pain relievers temporarily calm their headaches, but as the drugs wear off, withdrawal symptoms and rebound headaches may occur. As more drugs are used, a vicious cycle develops, which ultimately results in more frequent, painful and persistent headaches. Breaking this cycle can be very difficult but is often crucial to stop the headaches. Preventive (rather than pain-relieving) drugs may be a key part of treatment.

Secondary Headaches

Headaches caused by other medical problems are known as secondary headaches. Secondary headaches may be caused by a variety of medical conditions. Some of these conditions are very serious or worrisome, but most are benign (harmless). Examples of secondary headaches include those caused by:

- Brain tumors
- Bleeding aneurysms or strokes
- Trauma to the head
- Meningitis (inflammation of the covering of the brain) or other brain infections
- Sinus infections
- Dental problems
- Arthritis affecting the neck or jaw
- Side effects from drugs such as those used to lower blood pressure or treat depression
- Withdrawal from drugs such as caffeine or narcotics

Many people have occasional headaches that get better on their own or go away with over-the-counter drug treatment. Most of these people never see a health-care provider for their headaches and are none the worse off.

However, there are several circumstances in which an evaluation by a health-care provider may be useful or important:

- Headaches with "red flag" symptoms that may indicate a serious underlying medical problem
- Headaches that do not get better with over-the-counter drugs
- Severe headaches that interrupt work or the enjoyment of daily activities
- Daily headaches

If you do see a health-care provider about your headaches, make sure that he or she understands your concerns. Consider writing down notes or a specific list of questions before your visit. Examples include the following:

- What type of headaches am I having?
Is there anything I can do to prevent the headaches?
Are my headaches likely to come back in the future?
What treatments are available?

Try to make your headaches the main reason for your visit. If you mention your headaches along with several other problems, your health-care provider may not have adequate time to perform a thorough evaluation.

Red Flags

Many people worry that their headaches are caused by a serious medical problem, such as a brain tumor, aneurysm, stroke or infection. In fact, it is quite rare for this to be the case. Although headaches may be a symptom when something goes wrong with the brain, it is very uncommon for headaches to be the only symptom. Health-care providers usually worry about a patient's headaches only when certain "red flags" (warning signs) are present, such as:

- Headaches that are getting worse over time
- New headaches in a person older than 40
- The "worst headache of my life"
- Severe headaches that start suddenly (often known as "thunderclap" headaches)
- Headaches that worsen with exercise, sexual intercourse, coughing or sneezing
- Headaches with unusual symptoms, such as passing out, loss of vision or difficulty walking or speaking
- Headaches associated with fever (higher than 100°F), stiff neck or rash
- Headaches that start after a head injury
- Headaches that always occur on the same side of the head
- Headaches in a person with certain medical problems, including high blood pressure, cancer or AIDS
- Headaches in a person with a family history of brain aneurysms
- Abnormal findings on neurological exam, such as abnormal eye movements, difficulty walking or weakness in an arm or leg

It is important to keep in mind that, even when these red flag symptoms are present, most people do not have a serious underlying cause for their headaches. However, your health-care provider may rely on these symptoms to decide whether further evaluation — such as a computed tomography (CT) or magnetic resonance imaging (MRI) scan — is necessary.

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