

84 OF 172 / Set 1 Copyright (c) 1999 Los Angeles Times 000108712

Oh My Aching Head

* For thousands of Americans, chronic headaches can make every day something to be endured. Stress, hormones, mood disorders, even over-the-counter painkillers can make it a seemingly endless cycle of pain.

By MARNELL JAMESON, SPECIAL TO THE TIMES

Los Angeles Times Monday November 29, 1999
Home Edition Health Part S Page 1 View Desk
34 inches; 1199 words

It's that time of year. The calendar swells with obligatory festivities. Parking lots and stores overcrowd. Tensions rise. Hangovers hit. Tempers flare, and wham! Headaches begin.

"Altered lifestyle patterns during the holidays are a prime cause of headaches," says Dr. Seymour Diamond, executive chairman of the National Headache Foundation and director of a headache clinic in Chicago.

Tension headaches, by far the most common type--outnumbering migraines 5 to 1--affect 2 million Americans at any given moment, according to Diamond. For most people, a couple aspirin or other pain reliever knocks out the pain faster than you can say fa-la-la-la-la. But for an estimated 7% of these headache sufferers, the pain is not occasional. It has nothing to do with the season. It's daily or almost daily. And the pain relievers actually make the problem worse. These people suffer from chronic tension headaches.

Chronic tension headaches were once considered distinct from migraines, but many headache experts now believe both are manifestations of the same underlying problem. Others maintain that the problems are distinct but that one person can have both problems.

In either case, the actual headaches are distinctly different. Migraines are vascular and usually affect one side of the head. The pain is throbbing and often occurs with nausea and vomiting. The tendency to get migraines often runs in families. Tension headaches are muscular, caused by contractions of the scalp and neck muscles. The pain is nonthrobbing and is located all over the head, particularly in the "hat band" area: around the base of the neck, the temples and top of the forehead.

Though persistent, the pain of a tension headache is not as debilitating as that of a migraine.

"People can work through it, eat through it and exercise through it, which they can't do with a migraine," said Dr. Philip O'Carroll, a Newport Beach neurologist who for 18 years had devoted his practice to headaches.

Another, less common headache, the cluster headache, affects about one in 1,000 people. Like migraines, cluster headaches are vascular and usually one-sided, with the pain concentrated behind one eye. They are described as the most painful type of headache and often occur daily for weeks, then not again for months, according to Alan Rapoport, a neurologist and professor at Yale University School of Medicine. Though cluster headaches affect more men than women, women account for 70% of the migraines and the majority of tension headaches.

Women's hormones play a decisive role, said Diamond, author of the book "The Hormone Headache" (Macmillan, 1995). Many women experience an increase or worsening of their headaches just before or during their menstrual periods.

When Stress Goes Straight to Your Head

Both men and women who experience daily headaches share similar tendencies: They often internalize stress, which is channeled into physical pain. While internalized stress may produce headaches in some, in others it translates into such ailments as irritable bowel syndrome, low back pain, heart disease or ulcers, doctors say.

Emotions that can lead to chronic tension headaches include depression, anxiety, stress, suppressed anger, worry, frustration and fear. Such feelings, experienced now and then--when meeting a deadline or having an argument--can bring on episodic headaches. But long-term emotional stress that isn't resolved can result in chronic tension headaches that may strike daily for years.

Sometimes, however, chronic headaches have purely physical causes, such as a neck injury or arthritis in the neck that causes pressure on the nerves in that area.

The difference between episodic headaches and chronic headaches is like the difference between a stomachache and an ulcer. But what makes someone who only gets occasional headaches suddenly develop daily headaches? Among the likely culprits: overuse of pain medications, mood disturbances and sleep disorders, say the experts.

Exacerbating the Pain With a Remedy

The American public annually consumes 30,000 to 40,000 tons of aspirin and Tylenol a year. They spend more than \$4 billion annually on over-the-counter pain relievers. But research over the last decade has revealed an unkind irony: Taken over time, these painkillers can create chemical changes in the brain that bring on headaches.

People who begin taking analgesics daily--especially those containing caffeine--actually turn off the mechanism in the brain that produces natural painkillers, O'Carroll says. As the brain begins to rely on analgesics, it forgets to produce its own painkillers--endorphins and serotonin. Then, when the headache sufferer doesn't take the medicine, he gets what's known as an analgesic rebound headache. This is similar to what happens when a habitual coffee drinker suddenly cuts out caffeine.

The good news is the damage isn't permanent--but the only way out is for the doctor and the patient to bite the bullet and give up the pills, O'Carroll says. Patients who do will go through serious withdrawal: significant pain for seven to 10 days, followed by a difficult six weeks, and an unstable six months before the brain reverses the chemical damage done to it.

Another cause of chronic tension headache is mood disturbance. Generalized anxiety among patients is common and often misdiagnosed. If a person is already genetically prone to headaches and also suffers from depression, anxiety or excessive stress, chronic headaches are likely, O'Carroll says.

Since depression and anxiety don't get much time or attention in the physician's office--and patients often don't like to admit to them--the pain becomes physical.

Treatment for mood disturbances involves counseling, medications or both. Tricyclic antidepressants, such as Elavil, which have been around since the 1930s, are often very effective and the medication of choice among those treating headaches. More recently the SSRI (selective serotonin reuptake inhibitors) family of medications, which include Prozac, Zoloft and Paxill, among others, have proved effective for some patients. SSRIs create more effective levels of serotonin in the brain, which especially help those who have inherited a serotonin deficit. Serotonin is both a mood lifter and a pain reducer.

New Medications Combat Both Types

The newest headache medications are the triptans, which include Imatrix and Maxalt, and work to constrict blood vessels. Prescribed more for migraines than for chronic tension headaches, these can be helpful for patients who suffer from both.

The vast majority of headache patients will benefit from some mood-altering medication, says O'Carroll, himself a migraine sufferer. Sometimes a patient only needs to take these for a short time until the headache cycle is broken and the emotional issues are resolved.

A third cause of chronic tension headaches is sleep disorders. Chronic headache sufferers don't sleep well. Sleep is a basic ingredient for good health. Of course, the sleep problems are often linked to caffeine-containing analgesics and anxiety or depression. So the problems are interrelated, headache experts say.

Despite the complexity of chronic headaches, much can be done to remedy them. Ideally, anyone suffering from chronic or severe headaches should work with a headache specialist. (The National Headache Foundation has a list of physicians by area who claim headache treatment as a specialty.)

The first step is to throw away your over-the-counter pain medications. While they're great for the occasional headache, people who get frequent headaches are likely to overuse them. Cut back or eliminate caffeine. As with pain relievers, moderation, as in one to two caffeinated beverages a day, is OK, experts say.

An All-Purpose Prescription: Exercise

Exercise is probably the best remedy of all for chronic headaches. People who exercise not only look and feel better, but they also reduce their stress load, boost endorphins and promote better sleep. Vigorous exercise for 30 minutes or more at least three days a week is recommended.

For some patients, stretching or yoga exercises, massage, physical therapy, biofeedback and even a good hot shower can help relieve tension of the neck muscles.

Experts recommend that you look into the root causes of such symptoms as sleeplessness or feelings of anxiousness, and seek professional help, if needed, to try to resolve them.

*

The National Headache Foundation can be reached at (800) 843-2256 or <http://www.headaches.org>.

PHOTO: Headache specialist Dr. Philip O'Carroll examines a patient at his neurology practice in Newport Beach.

ID NUMBER: 19991129flq0rrke

PHOTOGRAPHER: ROBERT LACHMAN / Los Angeles Times

GRAPHIC-DRAWING: (no caption), JAMES YANG / For The Times

ID NUMBER: 19991129hhe0003

Descriptors: HEADACHES

MEDICAL RESEARCH

MEDICAL TREATMENTS