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Post-Traumatic Headache

What is post-traumatic headache?

Headache is the most common symptom after a concussion/mTBI. Post-traumatic headaches can be difficult to manage. They can affect your ability to go to school, work, do your daily activities, and interact with others.

People with post-traumatic headaches can have different types of symptoms. Some headaches feel like a migraine, others feel like a tension-type headache. In most people, headaches stop after a few days or weeks. Sometimes they can last for months or longer.

How is my headache diagnosed?

It is a good idea to keep a headache diary or calendar that you can bring with you when you see your primary healthcare provider. This will give them more information about your headaches, when you are having them, and how bad they are.

Your primary healthcare provider may ask several questions to better understand the type of headaches you have:

- How often do you get headaches?
- How long do they last?
- Where do you feel the pain?
- How strong is the pain?
- What type of pain you feel (pressure, throbbing, stabbing)?
- Do you have other symptoms (nausea, vomiting)?
- Does anything trigger your headaches?
- Is there anything that helps relieve the pain?
- Have you had previous headache treatments?
- Do your headaches affect your ability to function?

Your primary healthcare provider may make a referral to a specialist to figure out what might be causing your headaches. For example:

- A neurological exam to find out if there is injury to your brain or nerves
- A cervical spine exam and musculoskeletal exam to look for any injury to your jaw, neck, or other parts of your head
- A vestibular exam to look for any damage to your inner ear



What can I do to prevent headaches?

Sleep

- Go to bed and wake up at the same time every day
- Avoid naps during the day
- Read Section 7 on Sleep-Wake Disturbances if you have difficulty falling or staying asleep

Eat regular meals

- Try not to skip meals and eat at regular times
- Try to have protein at every meal

Stay Hydrated

- Drink 4 to 6 glasses of water every day
- Avoid caffeine in coffee, tea, or soft-drinks, and diet drinks that contain aspartame
- Keep in mind that if you are a regular caffeine drinker, stopping suddenly could trigger a headache

Avoid Stress

- Try relaxation activities to help you deal with stress, such as meditation, yoga, and exercise
- If you have difficulty managing stress, talk to your primary healthcare provider

Get regular exercise

- If your primary healthcare provider says you can start to exercise, go for a brisk walk, go swimming, or use an exercise machine daily
- Start slowly and increase your effort gradually
- If exercise triggers a headache, reduce your effort or try a different activity

How can I manage my headache without medication?

Here are some things you can do to help manage your headaches:

- Apply a cold or hot pack to your neck or head
- Stretch and self-massage your head, neck, and shoulders
- Do breathing exercises
- Go to a quiet place
- Lie down
- Do visualization or other mindfulness-based exercises
- Use a calendar or headache diary to monitor headaches, that could include: frequency, duration, quality of pain, and anything that helps or worsens the symptoms



What medications might I be prescribed?

Your primary healthcare provider may prescribe medication called analgesics. Analgesics are designed to relieve pain and can help get rid of a headache, or at least stop it from getting worse.

Preventative analgesics are taken before a headache starts. They do not cure headaches but can reduce their frequency or intensity. Preventative analgesics can take a few weeks to work, so you may need to use them for at least 12 weeks.

Always follow your primary healthcare provider's instructions on how to take your medication. If you use an analgesic for longer than your primary healthcare provider recommends, it may trigger a rebound headache. Rebound headaches can come from regular, long-term use of analgesics. The only way to treat a rebound headache is to stop taking the analgesic that caused it.

It is a good idea to use a headache diary or calendar to record your symptoms, the time that you took your medication, and any activities that may have triggered and/or stopped a headache.

Key Guideline Recommendations for Healthcare Providers

The following key guideline recommendations for healthcare providers have been included here so you can see what the guideline recommends healthcare providers do in assessing and treating patients after concussion/mTBI.

6.1	The primary care provider should take a focused headache history in order to identify the headache subtype(s) that most closely resemble(s) the patient's symptoms. To aid in determining the specific phenotype of headache disorder present, refer to the ICHD-III Beta classification criteria. It should be noted that some post-traumatic headaches are currently unclassified.
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Additional Resources

Headache Diary

<https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-6-4.pdf>

Self-Regulated Intervention and Lifestyle Strategies

<https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-6-6.pdf>



Cautionary Note to Users

The content of the *Guideline for Concussion/mTBI & Prolonged Symptoms, 3rd Edition: for Adults over 18 years*, is based on the status of scientific knowledge available at the time of their finalization (2017) as well as on the consensus of the experts who participated in the guideline development.

This guideline has been created to provide recommendations and help with management of concussion/mild traumatic brain injury (mTBI). It is only for management for adults over 18 years of age. This guideline is not intended for use by people who have sustained or are suspected of having sustained a concussion/mTBI for any self-diagnosis or treatment.

The guideline can be used by patients when speaking with healthcare providers about their care. It covers getting a diagnosis, managing symptoms in the early phase (acute) and management in the longer recovery phase (prolonged symptoms). Patients may wish to bring their healthcare and other providers' attention to this guideline. It is based on up-to-date, quality research evidence, the expertise of providers and the input of patients.

