

MEETING NEWS

American College of Physicians Internal Medicine Meeting

Distinguishing different types of headaches

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PHILADELPHIA — The overlap of symptoms sometimes hinders a clinician's ability to correctly diagnose the type of headache a patient has, according to a presentation at the American College of Physicians Internal Medicine Meeting.

“Migraine and tension are the yin and yang of the headache disorders because tension headaches are often what migraine is not,” **Michael Cutrer, MD**, neurologist, Mayo Clinic, told attendees.

Specifically, patients with migraine often endure unilateral, pulsating, moderate to severe pain that typically lasts from 4 to 72 hours and is exacerbated by normal physical activity, and causes nausea, vomiting and sensitivity to light and sound, he said.

Conversely, patients with tension headache experience bilateral, non-pulsating pain that usually lasts from 30 minutes to 7 days and is neither aggravated by regular physical activity nor accompanied by nausea or vomiting. These patients will also often experience either sensitivity to light or sound, Cutrer continued.

Not all headache situations are as cut and dry as he described.

“There are some overlaps that muddy the water a bit,” Cutrer said. “Neck pain often occurs with migraine, and patients who experience this pain will often think it is tension causing the pain, not a migraine.”

The overlap of symptoms sometimes hinders a clinician's ability to correctly diagnose the type of headache a patient has, according to a presentation at the American College of Physicians Internal Medicine Meeting.

“In addition, the fact that tension headaches were called stress headaches for years, coupled with stress as a common trigger for migraine, often makes it hard to distinguish one from the other without asking about other symptoms,” he added.



Source: Adobe

Cutrer said the uncertainty continues with other headache types.

“Another point of confusion you will often encounter is distinguishing between migraine and sinus headaches,” Cutrer said.

“Not a week goes by when my ENT department refers a patient to me that has not been able to get rid of their sinus headaches even after multiple surgeries and treatment.”

Here too, the trick to distinguishing between the two types of headaches is a matter of knowing the symptoms, according to Cutrer.

Sinus headaches are often accompanied by pain, pressure and fullness in the cheeks, brow or forehead that is aggravated by bending forward or lying down; stuffy nose; tiredness and a dull persistent pain in the upper teeth.

“However, migraine pain is often located over the sinuses, frequently triggered by barometric or weather changes and tearing and nasal congestion is common these patients,” Cutrer said.

Patients who have been definitively diagnosed with migraine, which were once thought to be sinus headaches, should receive prophylactic treatments, he said. – *by Janel Miller*

Reference:

Cutrer M. “What internists need to know about diagnosing and managing headaches: Taking the “ache” out of headache.” Presented at: American College of Physicians Internal Medicine Meeting; April 11-13, 2019; Philadelphia.

Disclosures: Cutrer reports serving as an advisory board member for Alder Pharmaceuticals.

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