

## Patient information factsheet

# Treatments for frequent, severe headaches and migraines

We've written this factsheet to give you more information about the various treatments available for frequent, severe headaches and migraines. It includes the common triggers of headaches, along with advice about some lifestyle changes and treatments that may help. We hope it will answer some of the questions you may have. If you have any further questions or concerns, please speak to your healthcare professional.

### Treatment option one: Stop any overused medication

Taking painkillers too often can make your headaches worse. This is called 'medication overuse headache'.

If you take painkillers like paracetamol or ibuprofen on at least 15 days every month, or if you take stronger painkillers, such as opiates or prescribed migraine medications, on at least 10 days every month, you are defined as having a medication overuse headache. Please note that opiates, such as codeine, dihydrocodeine, tramadol and morphine, are not usually prescribed for headaches.

Medication overuse headache should be treated by stopping all painkillers for at least one month. When you stop taking painkillers, your headaches may feel worse initially. However, most people start to notice an improvement in their symptoms after one to two weeks.

### Treatment option two: Avoid headache and migraine triggers

If your headaches or migraines are triggered by a single thing that is easy to avoid, you may be able to stop them from happening.

Common triggers include:

- stress
- lack of sleep and tiredness
- dehydration
- missing meals
- an unhealthy diet containing a lot of sugary or 'junk' foods
- other dietary triggers
- regular intake of alcohol
- regular intake of caffeine
- regular intake of painkillers
- lack of regular exercise
- being overweight
- changes in hormone levels (particularly menstruation in women)
- a head injury
- wear and tear in the neck and back

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## How to identify triggers

You may be able to identify what triggers your headaches or migraines by keeping a headache diary. This is particularly useful for women, as it will help pinpoint if there is a link between their headaches and when they get their periods.

## Treatment option three: Improve your overall health and lifestyle

You can help prevent headaches and migraines by changing certain aspects of your lifestyle. We have included a few examples below:

### Eat healthily

- Eat a balanced diet and avoid unhealthy foods, especially 'junk food' and any foods high in sugar or unrefined carbohydrate, such as chips and crisps.
- If you are overweight, you should try to lose weight.
- Do not skip meals.

### Avoid caffeine

If you drink caffeine regularly, you should try to give up caffeine altogether for a month. Please note that tea, cola and various other drinks also contain caffeine, not just coffee. Some painkillers even contain caffeine and these should be avoided. When you give up caffeine, you may find that your headache gets worse before it improves.

### Avoid alcohol

Do not drink more than 14 units of alcohol per week on a regular basis. A pint of lager or a medium glass of wine each contain about two units of alcohol. Avoid alcohol completely for at least one or two days a week.

### Keep hydrated

Being dehydrated can cause headaches and make them worse. You should aim to drink six to eight glasses of fluid a day.

### Exercise regularly

Regular, moderate exercise can reduce and prevent headaches. Choose an exercise you enjoy. Jogging, swimming, dancing, cycling, aerobics classes and brisk walking are ideal. Try to exercise for at least 150 minutes (2 hours and 30 minutes) every week.

## Get help if you are prone to anxiety or feel depressed

Anxiety and depression are very common in people with headaches. In some cases, the headaches are driving these feelings. If you are experiencing anxiety or depression, please speak to your doctor. The websites below contain some useful information which you may find helpful:

- [www.nhs.uk/conditions/generalised-anxiety-disorder](http://www.nhs.uk/conditions/generalised-anxiety-disorder)
- [www.nhs.uk/conditions/stress-anxiety-depression/low-mood-and-depression](http://www.nhs.uk/conditions/stress-anxiety-depression/low-mood-and-depression)

## Get a good night's sleep

A lack of sleep or a poor night's sleep are major triggers for headaches. We recommend following 'sleep hygiene' techniques. For further information, please see the NHS guide to insomnia: [www.nhs.uk/conditions/insomnia](http://www.nhs.uk/conditions/insomnia)

You could also try reading a book called 'The Sleep Book' by Dr Guy Meadows.

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If you have headaches mainly in the mornings, you may have a condition called **sleep apnoea**. Sleep apnoea is when your breathing stops and starts while you sleep.

Symptoms of sleep apnoea include:

- loud snoring
- breathing stopping and starting
- making gasping, snorting or choking noises
- waking up a lot

Please speak to your GP if you think this might be the case.

## Treatment option four: Try supplements and complimentary therapies

Research has shown that certain non-prescription and complimentary treatments can help some people with their headaches. You may wish to find out more about the methods listed below:

### Riboflavin supplements

Try taking riboflavin supplements (also known as vitamin B2). Medical research suggests that a dose of 400mg a day reduces the frequency and intensity of migraines. Please make sure you take the correct dose. This is a much higher dose compared to most multivitamin supplements, so we do not recommend this dose in pregnancy or children.

### Acupuncture

Some research suggests that acupuncture improves migraine-type headaches. The 2012 UK National Institute for Clinical Excellence (NICE) guidelines for headaches suggest that a course of ten acupuncture sessions over five to eight weeks can be tried to prevent migraines or tension-type headaches. Unfortunately, acupuncture is not widely available on the NHS, so please check this with your GP.

### Relaxation techniques

Almost everyone has some form of stress in their life. Stress is a well-known cause of headaches. Learning how to relax can help you to control your stress and will also help to relax the muscles around your head and neck. There are many relaxation techniques available, including massage, breathing exercises, tai chi and yoga.

### Exercises or physiotherapy to treat jaw and neck problems

If you have pain around your jaw, clicking in your jaw, difficulty opening your mouth or you grind your teeth at night, you may have temporomandibular disorder (TMD). For more information, please visit: [www.nhs.uk/conditions/temporomandibular-disorder-tmd](http://www.nhs.uk/conditions/temporomandibular-disorder-tmd)

Poor posture and certain neck positions may make your headaches worse (often called cervicogenic headaches). Avoid sitting or standing in one position for a long period of time. Sit up straight and support your lower back. You should also have a good quality pillow when sleeping at night.

### Other supplements and complimentary therapies

There are other supplements and complimentary therapies that have been reported to be of benefit to people with headaches. However, there is not enough medical evidence for these to be recommended on the NHS.

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Supplements which have a small amount of research to support their use include magnesium, feverfew, butterbur and coenzyme Q10. If you do try any of these, make sure you buy these from a reputable supplier and do not exceed the maximum recommended dose. Always check with your doctor before taking any new supplements.

## **Treatment option five: Take prescribed treatments at the time of a severe headache**

Taking painkillers too often can make your headaches worse, so it is best to avoid taking anything if you can.

If you do need painkillers, we suggest trying paracetamol first. If this is not effective, take an anti-inflammatory painkiller, such as ibuprofen.

For more severe headaches, you may need to try a combination of the medications below. Please be aware that these will require a prescription from your GP. They can be taken separately or together.

- A stronger anti-inflammatory, such as Naproxen.
- A triptan, such as Sumatriptan (Imigran) (migraines only). If you have tried one of these before, it is worth trying a different brand, as they come in different forms (melt-in-the-mouth tablets or nasal spray).
- Anti-sickness remedies. These can help with the symptoms of a migraine even if you do not feel very sick. These can be given as a suppository (medicine you place in your bottom) if you are unable to take anything by mouth.

## **Treatment option six: Take prescribed treatments every day to prevent and reduce headaches**

If you start a preventative medication (to stop headaches happening), we suggest you try it at the maximum dose advised for a minimum of eight weeks and that you keep a headache diary.

Examples of preventative medications often recommended are beta blockers (propranolol or atenolol), topiramate and amitriptyline. Which drug you're prescribed will depend on your medical history and whether you are prone to particular side effects.

## **Treatment option seven: Use a headache diary to identify triggers and monitor treatment**

A headache diary will help to show whether your headaches improve with any of the advice given above or with any treatments prescribed by your doctor. It may also help to identify triggers. It can simply be a cross put against a day when you have a headache on a calendar. If you have very frequent headaches, you may wish to mark each day as being 'mild', 'moderate' or 'severe'.

## **Useful links**

[www.nhs.uk/conditions/headaches](http://www.nhs.uk/conditions/headaches)

[www.nhs.uk/conditions/headaches/10-headache-triggers](http://www.nhs.uk/conditions/headaches/10-headache-triggers)

[www.nhs.uk/conditions/migraine](http://www.nhs.uk/conditions/migraine)

[www.migrainetrust.org](http://www.migrainetrust.org)

[www.nationalmigrainecentre.org.uk](http://www.nationalmigrainecentre.org.uk)

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