HEADACHE

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Vivian Fritz was Professor of Neurology at the University of the Witwatersrand and Chief Neurologist at the Johannesburg and Helen Joseph hospitals from 1986 to 2001. Since then she has been Professor Emeritus of Neurology.

She was the founder and Director of the Stroke Foundation of South Africa and is a Director of the World Stroke Federation. Professor Fritz is currently involved in medico-legal work and in this capacity sees a number of patients with whiplash head injuries. She has always been interested in headaches and has written a short book on the subject. She has lectured widely on the topic to medical students, neurologists, physicians and general practitioners.

Headache is a symptom that most people have experienced at some time in their lives. In some patients the pain is very severe, intolerable and unrelenting, in others it may be a mild symptom, easy to ignore.

There are numerous reasons for and causes of headaches. Many of the theories about headaches and their causes have changed over the years. Probably headaches began when man assumed an upright posture. As early as 700 BC signs of ancient neurosurgery were evident. Neolithic skulls show that trepanation (the removal of a segment of bone from the skull) was widely performed. The operation was probably performed to release demons and evil spirits from the head.

Some brain structures are sensitive to pain, e.g. sinuses, and these can cause severe pain if inflamed.

In this issue of *CME* a new and more holistic approach to headache therapy has been attempted. Most journals and articles about headache emphasise migraine and the underdiagnosis of the problem. The problem of migraine has been fully addressed in an excellent update by Dr Jody Pearl, which contains a clear and concise section on the pathogenesis of migraine.

Migraine is a specific disease entity and should be recognised as such. Many patients and some doctors use the term migraine very loosely to imply a very severe headache no matter what the cause. This practice of migraine misdiagnosis and misrepresentation must be addressed actively by the medical profession.

Migraine is a specific hereditary, genetic disorder with very specific clinical and pathogenetic patterns and these problems have been fully addressed in this issue of *CME*. Migraine occurs equally in males and females prior to puberty but is 3 times more common in females after puberty. The commonest age of migraines is between 25 and 55 years of age. Migraine may start very early in boys (between 5 and 10 years) and in girls between 12 and 14 years. Attacks often decrease in severity and frequency with advancing age.

Professor Pierre Bill has written an informative article on the classification of headaches. This is an important section of the journal as it broadens the scope of headaches to include all types and forms of secondary headaches. In order to treat headache successfully it is very useful for the patient to use a headache calendar. Such a daily calendar will help to record ongoing information about the frequency, intensity and duration of the headache. It shows the relationship of headaches to the menstrual cycle and is a daily log of anything that might relate to the headache. It will also give the patient compiling such a chart a clearer idea of aggravating, triggering and relieving factors concerning the headache. It makes consultations with a health professional much more accurate.

Professor Fritz's article continues this theme. There are primary headaches which have no known causes and secondary headaches which often require urgent referral and rapid investigations.

A family doctor must be aware of the dangers of misinterpreting headache symptoms and signs. If focal neurological signs are found clinically, especially neck stiffness, papilloedema, lobar signs and systemic illnesses accompanying a headache, rapid investigation and treatment of the headache is required.

Unusual forms of therapy such as the role of Botox in headache therapy as described by Dr Johan Smuts, are among the newer and more innovative methods of treating headaches which are not yet used frequently in clinical practice.

In the 'More about' section, non-medication methods of treating headaches are discussed. In headache clinics throughout the world non-medical forms of therapy are an important part of the therapeutic programme. Two of these forms of therapy are described.

The first is an article on manipulative therapy for headaches by a physiotherapist, Ms Fran Mallen, who specialises in headaches and non-medication therapy. This is a practical 'hands-on' article which is very useful.

The other article is written by a maxillofacial surgeon, Professor Russel Lurie. He has used a broad-based approach to the causes of headaches which can be corrected by the dental and allied professions.

The final 'More about' article sounds a warning about the dangers of excessive analgesic use and abuse. Rebound headaches are an important cause of severe uncontrollable headaches which require recognition and withdrawal of medication.

Headache is a fascinating speciality of many disciplines. This is not a condition that should be in the domain of neurologists alone. Family doctors treat most headaches and they should be aware of the ramifications, both therapeutically and in terms of causes of headaches. Headaches may form part of a symptom complex of primary headaches of uncertain origin or secondary headaches with potentially reversible causes. Treatment may vary between instant relief from an aspirin or paracetamol to more unusual therapeutic approaches. Combining medication with non-pharmacological treatment can sometimes be more effective than using only one type or form of therapy.