

## The Headache Crisis

The “headache crisis” is what I call the situation where a patient may have headaches in the past but suddenly they become terrible—even daily—and nothing seems to help them. This situation quickly wears them out and they feel in deep distress as do their families. Besides the pain itself, there is an underlying fear that something is seriously wrong. The other fear is that something very simple is causing the headaches, that if fixed; the headaches will simply go away, but no one is trying to find the cause (or smart enough to figure it out). This frustration can easily turn to anger and that anger can be directed at us, who are trying to help them. When I worked at Mayo Clinic’s Headache Division, we often had patients coming in from around the world, thinking that we would find the simple cause. Rarely that was the case and our department was considered (by U.S. News and World Report) as the best in the nation for making correct diagnoses.

If there is any good news in this desperate situation, is that the headache crisis is rarely the result of a serious medical condition. One study showed that only 2 people in a thousand in a headache crisis have something serious behind it, such as a tumor. We believe that most of the time the headache crisis is new onset of a type of migraine condition, which we call “Chronic Migraine.”

Chronic migraine can sometimes come on as the result of some observable trigger. One of the most common triggers is a woman having a sudden change in estrogen, such as at the very beginning of their periods (puberty or menarche), going on or off oral contraceptives or entering menopause. Another trigger is during or after a prolonged period of stress. In this situation, it could be that the stress interferes with good sleep and prolonged sleep deprivation can cause these exacerbations of headache. Lastly, this situation has been observed to come on after an unrelated illness, even something like the flu.

More often than not, there is no known reason why this happens. Really smart scientists have spent decades trying to unravel this complex mystery and the honest fact is, no one has a clue why this happens. It is certainly reasonable to do a head scan to rule out the rare possibility of something serious, but rarely are those scans helpful. Sometimes there is a place for doing some basic blood tests.

While we understand the frustration that the headache crisis can cause, it is important that the patient understands that we care very much and really want to help them. But there is not one single treatment that works for all sufferers. So, it is imperative that the sufferer does not give up but continues working with us until we find an effective treatment, which we usually do. The other good news is that this condition usually gets better on its own. However, if the patient still feels frustrated, they must remember that we are in their corner. If they want a second opinion, we will not be offended to arrange a referral to another headache specialist if it will relieve some of that frustration.

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