



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF HEADACHE

Department of Veterans Affairs  
Department of Defense

## Patient Summary

### I. What Are Headache Disorders?

Headache disorders are marked by repeated head pain. These disorders are common. There are two general types of headache disorders: primary headache and secondary headache. Primary headache disorders happen more than once and have unknown causes. Secondary headache disorders are linked to a certain cause (like a head or neck injury), certain medicines, substances, or body disorders. There are many kinds of headache disorders. We will focus on the most common.

#### Did You Know?

- Almost half of adults have had a headache at least once within the last year.
- Migraine is the most common type of headache that leads people to seek medical care.
- In 2022, nearly 460,000 Veterans sought care in the Veterans Affairs healthcare system for a headache disorder.<sup>1</sup>

Treatment plans for people with headache often fall into two main categories:

- Acute (abortive) treatment – things you do to quickly stop a headache
- Preventive treatment – things you do to keep a headache from happening

#### A. Abortive and Preventive Treatments and When to Take Them

Some headache treatments are called abortive, meaning you use them to stop a headache when you have one. These can be pills, injections you give yourself, dissolvable tablets, medical devices, or nasal sprays. It is best to use these treatments as soon as the headache begins. Do not “wait out” the headache. The longer you wait, the less the treatment may help your headache.

---

<sup>1</sup> VHA. Headache Centers of Excellence Operational Dashboard 2022

Preventive treatments are those that you take on a regular schedule – sometimes daily, sometimes monthly, sometimes once every few months – to reduce how often you get a headache and to decrease the severity of symptoms if you do get a headache. Your provider may suggest a preventive treatment if you have frequent headaches that affect your work, family, or social activities.

Sometimes preventive treatments for headache can also treat other conditions you may have. For example, some blood pressure medicines can help treat headache. This is something you should discuss with your healthcare provider to reduce the number of medicines you are taking and manage your overall health. An open and honest discussion with your healthcare team is needed for the best management of headache.

## **II. What Are the Types of Headache?**

Most headaches are primary (not caused by another disorder) and some are secondary (caused by another disorder). Treatment options vary and should be discussed with your healthcare provider. The most common types of primary headache disorders are tension-type headache, migraine, and cluster headache. Three of the main secondary headache types are medication overuse headache, posttraumatic headache, and cervicogenic headache.

Your treatment plan may depend on how often you have a headache. All headache types can be helped by a healthy lifestyle, exercising, and not smoking.

### **A. Primary Headache Types**

#### ***a. Tension-type Headache***

Tension-type headache is the most common primary headache. Tension-type headache is usually not very severe and does not get in the way of everyday activity. It may be associated with neck pain and can feel like pressure or tightness, often like a band around the head.

Episodic tension-type headache is very common. Tension-type headache usually lasts a few hours but can last for several days. Chronic tension-type headache is not very common but can feel endless and more intense. Tension-type headache usually responds well to over-the-counter pain medicines.

#### ***1. Tension-type Headache Treatment Options Your Provider May Consider***

- Medications to stop a tension-type headache:
  - ◆ Acetaminophen
  - ◆ Ibuprofen
- Medications and lifestyle changes to keep a tension-type headache from happening:
  - ◆ Mindfulness-based therapies

- ◆ Aerobic exercise or progressive strength training
- ◆ Physical therapy
- ◆ Antidepressants like amitriptyline/nortriptyline, mirtazapine, or venlafaxine
- ◆ Antiseizure medications like topiramate

### ***b. Migraine***

Migraine is a headache caused by the release of chemicals in the brain and around the brain's blood vessels that cause inflammation and pain. Migraine may occur every week, or even more often, and can last a few hours or days. Some people experience migraine their whole lives. Migraine pain can be moderate to severe. It may feel like throbbing on one side of the head.

In addition to the pain from a migraine, nausea and sensitivity to light and sound are common. All of these can be worsened by physical activity during a migraine. Prescription medicines are available to treat migraine when over-the-counter pain medicines do not work.

#### ***1. Migraine Treatment Options Your Provider May Consider***

- Medications to stop a migraine:
  - ◆ Over-the-counter agents:
    - Aspirin
    - Acetaminophen
    - Ibuprofen
    - Naproxen
    - Combination medications containing aspirin, acetaminophen, and caffeine (brand names include Excedrin Migraine<sup>®</sup>, BC<sup>®</sup> powder, and Goody's<sup>®</sup> powder, but generics are also available)
- Prescription agents:
  - ◆ Medications called triptans
  - ◆ Newer treatment agents called ditans and calcitonin gene-related peptide (CGRP) inhibitors
- Medications and lifestyle changes to keep a migraine from happening:
  - ◆ Mindfulness-based therapies
  - ◆ Aerobic exercise or progressive strength training
  - ◆ Dietary trigger avoidance
  - ◆ Your provider may recommend over-the-counter vitamins or supplements
  - ◆ Blood pressure medications

- ◆ Antiseizure medications
- ◆ Antidepressant medications
- ◆ Monthly or quarterly injection therapies:
  - CGRP inhibitors – injected by the patient at home
  - Botulinum Toxins (e.g., Botox™) injections – injected by a medical provider every 12 weeks
  - Occipital nerve injections – injected directly into a nerve located in the back of the neck by a medical provider as needed or on a set schedule

### ***c. Cluster Headache***

Cluster headache is very rare. It typically occurs in people over the age of 20. A cluster headache is typically a short but intense headache that can occur many times in one day. Severe pain is often felt around one eye and is accompanied by a runny or blocked nose on the side of the headache, or a droopy eyelid (even though it appears normal other times).

#### ***1. Cluster Headache Treatment Options Your Provider May Consider***

- Medications and devices to stop a cluster headache:
  - ◆ Triptan medications provided by injection or nasal routes
  - ◆ Oxygen
  - ◆ Non-invasive vagus nerve stimulation
- Medications to keep a cluster headache from happening:
  - ◆ Verapamil
  - ◆ Topiramate
  - ◆ Corticosteroids
  - ◆ Lithium
  - ◆ Galcanezumab

## **B. Secondary Headache Types**

### ***a. Medication Overuse Headache***

Medication overuse headache occurs when either a single medicine or a mixture of medicines is used enough to cause headache symptoms. Medication overuse headache can be a daily headache and is often the worst after waking up.

Medication overuse headache symptoms include nausea, restlessness, problems with concentration and memory, and irritability. Medicine use may improve the current headache, but frequent or daily use of medicines will lead to worse and more frequent headaches. Unless the amount of medicine is decreased, the cycle will continue. If you are

taking pain medicines more than two days per week and have many headaches, discuss this with your healthcare provider. You should work with your doctor to figure out if the medicine(s) you are taking cause your headache. Talk with your provider to see if you have other things that increase your risk of developing medication overuse headache.

*1. Medication Overuse Headache Treatment Options Your Provider May Consider*

- Thoughtful usage and potential reduction of pain medications
- Your provider may consider a headache preventive medication

***b. Posttraumatic Headache***

A posttraumatic headache usually occurs following a hit to the head and or body. The headache typically develops immediately after the injury or within the next week. This type of headache is very common in Veterans and active duty Service members. It can be one of the most common complaints after a mild traumatic brain injury. Posttraumatic headache can feel like a migraine or a tension-type headache.

Treatment is often guided by the symptoms you experience during the headache.

*1. Posttraumatic Headache Treatment Options Your Provider May Consider*

- Most often a posttraumatic headache is treated like the primary headache it most closely resembles. For example, a posttraumatic headache that has symptoms like a tension-type headache will be treated with medications that are effective for tension-type headache
- Healthy lifestyle
- Physical therapy
- Cognitive behavioral therapy

***c. Cervicogenic Headache***

Cervicogenic headache is a type of headache that is associated with neck pain (with or without an injury) or related to strain on the neck muscles over time. The headache is often a dull ache that starts with neck pain in and around the back of the head.

*1. Cervicogenic Headache Treatment Options Your Provider May Consider*

- Education
- Exercise
- Physical therapy

### III. Headache Management

#### A. What Are My Options?

There are many different types of treatments for headache including pills, injections, and non-medicine options. It is important to share with your healthcare provider how headache affects your home, work, and life. Your healthcare provider may ask you to write down when your headache happens in a “diary” to help understand the headache problem better. Headache diaries may help you work with your healthcare team to develop goals for treatment and potentially identify factors related to your headache. A combination of medicine and non-medicine treatments may be the most effective for you. Work with your healthcare team to create a treatment plan that is tailored to fit your needs, preferences, and circumstances.

#### B. When Headache Could Be Something More Serious

Apart from discussing different types of treatment, it is important to share with your healthcare provider the worries you may have about your headache. In some cases, you and your provider may order other testing.

If you have any of the “red flags” listed below, you should contact your healthcare provider.

#### Red Flags for Headache

- Long lasting headache
- Older than 50 years old and getting new headache for the first time
- A headache that never goes away
- Weakened immune system and getting headaches
- Have fevers, chills, sweating at night, and a new headache
- Headache that happens when you exert yourself, or even if you cough or sneeze
- Headache that wakes you up at night
- Headache that happens when you move your position (e.g., going from laying down to standing up)
- A new headache after a head injury
- A headache that happens with a fever, rash, weight loss, neck stiffness, confusion, speaking problems, vision problems, weakness, or dizziness
- A sudden headache that quickly becomes severe
- A headache that is different from your usual headache or is not fixed by your usual treatments

### IV. Questions to Ask Your Care Team

- How do I know what type of headache I have?
- What are my treatment options for the type of headache I have?
- I would prefer to not take medications if I don’t need to; what other treatments are available?
- What can I do on my own to manage my headache?
- When should I contact a healthcare provider about my headache?
- Could changes in my diet help my headache?