



PATIENT INFORMATION

General Headache Instruction

1. Learn to identify and avoid headache triggers.

2. Limit use of acute treatments (over-the-counter medications, triptans, etc.) as directed above to stop the cycle of medication overuse headache (rebound headache).

3. Follow a regular schedule (including weekends and holidays) for the next 6 weeks:

- Don't skip meals.
- 8 hours of sleep nightly.
- Avoid the following common headache triggers:
 - Caffeine (coffee, chocolate, tea, cola/pop/soda (7-up, Sprite, Sierra Mist, Ginger Ale, Mug/A+W Root Beer, Minute Maid Orange, Slice are okay)
 - Foods containing nitrates (deli meat, ham, bacon, sausage, hot dogs)
 - Tyramine (aged cheese; can only have merican cheese, cottage cheese, Velveeta and fresh mozzarella (most pizza uses aged mozzarella)
 - MSG (Chinese/Hispanic foods,
 - Doritos, all flavored chips and Ramen noodles)
 - NutraSweet and artificial sweeteners
- Minimize stress.
- Exercise 30 minutes per day. Being overweight is associated with a 5 times increased risk of chronic migraine.
- Keep well hydrated and drink 6-8 glasses or 72-96 oz of water per day

4. Initiate non-pharmacologic measures at the earliest onset of your headache

- Rest and quiet in a cool, dark environment.
- Relax and reduce stress.
- Cold compress to head (place a dry washcloth to forehead, cover with a blue freezer packet and use a headband to press the freezer packet across the forehead and temples).

5. Don't wait!! Take the maximum allowable dosage of prescribed medication at the very earliest sign of headache.

6. Compliance: Take prescribed medication regularly as directed and at the first sign of a headache

7. Communicate: Call your physician when problems arise, especially if your headaches change, increase in frequency/severity, However, if they become associated with neurological symptoms (weakness, numbness, slurred speech, etc.) you should call 998 immediately as these may be the signs of stroke.

8. Headache/pain management therapies: Consider various complementary methods, including medication, behavioral therapy, psychological counselling, biofeedback, massage therapy, acupuncture, and other modalities. Such measures may reduce the need for medications. Counseling for pain management, where patients learn to function and ignore/minimize their pain, seems to work very well.

9. Recommend changing family's attention and focus away from patient's headaches. Instead, emphasize daily activities. If first question of day is ('How are your headaches/Do you have a headache today?'), then patient will constantly think about headaches, thus making them worse. Goal is to re-direct attention away from headaches, toward daily activities and other distractions.