

ATTENTION HEADACHE SUFFERERS

Your Chronic Daily Headache May Be Related to Your Neck

This is Called Cervicogenic Headache

If you suffer from chronic daily headaches, the hidden sources causing those debilitating headaches may stem from your neck.

Injuries or disorders of the neck area, such as acute whiplash injury that may be caused by car accidents, chronic tension in the neck that may be caused by office work bulging discs or joint arthritis, may all contribute to those incapacitating headaches. When the main source of the headache is the cervical spine, those headaches are called "cervicogenic" headaches. Those headaches are frequently located in the back of

the head, however headaches in the forehead, or behind, in and around the eyes are also common due to the "referred" pain pattern.

Cervicogenic headaches are common and are described by patients as severe, pounding, throbbing, stabbing and nauseating. Cervicogenic headaches have been ignored, overlooked or discredited, not because they do not occur, but because many doctors have not been trained to think of, or in how to make the diagnosis. Even if they do know about the condition, they may not have the facilities to diagnose or to treat those types of headaches.

Cervicogenic headaches may be experienced in conjunction with or coexisting with other common headache types such as migraine headaches. Cervicogenic Headaches may trigger and coexist with true tension, migraine and cluster headaches as well, end up with a compounding clinical picture.

TMJ and sinus sources, while small fractions of the etiologies of headaches and possible secondary contributors can also set off a smoldering major complex headache. The neck area is a high stress zone and it should be evaluated in detail and treated in anyone with chronic or recurrent headaches.

There is very important fact in medicine that I would like to focus on. (MEDICAL CONDITIONS MAY COEXIST). Cervicogenic headache, migraine, cluster or tension headache, whether diagnosed isolated or combined, would never make the headache patient immune against new emerging other types of headaches that may be very serious, such as headaches related to brain bleeding, tumors, or infection, or headaches related to high or low pressure in the spinal fluid.

Why do headache sufferers need to see a headache specialist?

General practice doctors are pressed for time. Additionally, pain is often difficult to describe and track symptomatically. As a result a regular visit to a general physician or a physician in other specialty such as cardiology, gynecology, orthopedics or others, is often not enough to get to the core of what is causing the headache or to determine if there are better treatment options.

As noted above, most headaches are combination of different headache types. For effective headache management and pain control, a detailed history and comprehensive neurological evaluation should be performed to identify the specific headache types (which often coexist together), and to rule out other underlying medical conditions that may be serious, so that the appropriate treatment may be prescribed.



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Based on the headache type you are experiencing, your headache management specialist will discuss your treatment options and determine which option is best for you.

What types of headache treatments are available? Effectual treatment may combine conservative modalities with medications or /and pain injections. Injections can take the form of acupuncture, muscle trigger point blocks, nerve blocks or epidural spinal injections. The most effective injections for cervicogenic headaches usually end up being x-ray guided facet joint blocks, or medial branch block especially of the upper facet levels. Only an experienced interventional pain management

physician with extensive training should perform these procedures. Pain injections may not be the first treatment option, but it may be considered if the patient fails to respond to standard conservative modalities. On the other hand, if headaches are very severe and debilitating, injections could be started from the very beginning. The main goal is to obtain maximum pain relief as quickly as possible in severe pain crises, which may be achieved by medications/ and or injections.

If the patient cannot tolerate medications, or if the patient is experiencing undesirable side effects from medications such as confusion, weight gain, drowsiness or stomach pain, injections could be started from the very beginning as well. The benefits of injections versus the risks of other headache treatments and headache induced- disability should always be considered.

Pain injections are covered by insurance companies, when performed by accredited physicians.

Other interventional procedures that could be considered in chronic daily headache management include, but are not limited to, Botox injection and peripheral nerve stimulation.

With all the great advances in headache management, there is no reason to let your headache control your life. Coping with the debilitating headaches or the side effects of too many medications is not supposed to be part of your life. Take the first step to be in charge of your life by conquering your headaches. The Mission would be to find the origin of the pain, and not to mask it, and to enhance our patients' quality of life, ability to enjoy daily activities and functionality, through integrated approach to pain management.

Dr. Suwan is a Loyola University trained board certified neurologist, board certified in electrodiagnostic medicine, board certified in pain medicine, with extra certification in headache medicine, Dr. Suwan served as a director of University Pain Center Headache Clinic that is affiliated with Rush University Pain Center. She is a member of the American Headache Society, National Headache Foundation, American Academy of Pain Medicine and American Society of Interventional Pain Management Physicians. Currently, she is the director of Chicago Headache Clinic, and Chicago Academy of Pain and Spine. Her areas of clinical expertise include migraine headaches, chronic daily headaches and other types of headaches and facial pain syndromes, and pain syndromes related to nerve disorders. Her office is located at 3030 Warrenville Road, Suite 100, Lisle, in the Wyndham Hotel. Central scheduling: (630) 245-1010