



HEADACHE IN MEN: THE FACTS

A publication to mark
European Migraine Day of Action

Why a leaflet just for men?

If men's headache symptoms are basically no different from women's headache symptoms, and treatment for men is broadly similar to treatment for women – then why a leaflet for men specifically?

Well, men are less likely to seek medical care for their headaches—and when they do, they are less likely to receive an accurate diagnosis. One literature review found that men with migraine tend to utilize health resources less frequently than women, whereas men and women with back pain visit the doctor at the same rate (1).

Also, in a recent survey, men and women were asked hypothetical questions about when they would seek medical assistance for symptoms such as sore throat, serious headache, serious backache and serious sleeping problems. Only 40% of the men declared they would have sought medical help for headache, but 80% said they would seek professional help for backache or insomnia (2).

So, clearly gender plays a role in how headache is experienced, treated and managed. Men often tolerate their headaches without any medical support. However, long-term, this can lead to the headache worsening and becoming more difficult to manage when men eventually seek support. It is important to remember that men who present with head pain are more likely to be taken seriously than women, and less likely to have their doctor attribute the headache to psychological or emotional factors.

So what should men look out for and when should they seek help...

Fact 1: Migraine is common in men – it is not just a female complaint!

Many people dismiss migraine as a female complaint, and it is true that migraine is more common in women than in men. Hormonal fluctuations in women can affect the frequency and severity of migraine headache, causing higher levels of disability (3). Still, men do frequently experience migraine headache. It is estimated that migraine is the third most common disease in men worldwide! (4)

Migraine is not just a headache. In fact, the World Health Organisation recently listed migraine at the 13th leading cause of disability in men in Europe! (5) A migraine generally features a one-sided throbbing, severe headache, worsened by movement or physical exercise, which is episodic and lasts hours or even days with total freedom between attacks. Nausea and/or vomiting is common, as is sensitivity to light, noise and strong smells. About 20% of migraine attacks feature an aura. The aura is usually a visual disturbance, but can also include other sensory symptoms such as pins and needles, slurred speech, confusion and more.

Many men will turn to over-the-counter painkillers to treat their attacks. However, rather than curing the problem, overusing painkilling medication can cause the migraine to become more frequent. See *Medication Overuse Headache* below.

Migraine can be treated by migraine-specific acute medications called triptans. For those who suffer more frequently, preventative medications can be prescribed. If you think you are suffering from migraine you should see your GP for an accurate diagnosis and appropriate treatment.

Remember, migraine is a brain disorder that may cause severe disability, so men must seek help when required or migraine will remain underestimated and undertreated.

Fact 2: If migraine or other primary headache disorders are not diagnosed and managed early, they can become chronic – excessive medication intake can make headache worse!

Your headache is bad, so you take a pill. It comes back again, so you take another one. Over time the gap between taking the pill and the headache returning becomes less and less. Eventually you have more headache days than headache-free days, and are

taking medication on more than 15 days per month. If this scenario resonates with you, then you may have Medication Overuse Headache [MOH] and need to withdraw from your medication immediately. This is not easy! Withdrawal may result in worsening headaches, nausea and anxiety for one to two weeks. As over 40% of MOH sufferers relapse, it is important that you seek help and support.

However, the best strategy is to avoid medication overuse in the first instance. This is particularly important for men because in a recent US study, men were shown to be more likely than females to use only non-prescription medications for headache and less likely than females to use prescription medications (6).

So, if you have frequent headaches, don't automatically reach for an over-the-counter solution. Get yourself an accurate diagnosis and appropriate treatment as soon as possible.

Remember, not all chronic daily headache is a result of medication overuse. In some cases, the daily headache comes first and the overuse of medication is a result. Modifiable risk factors such as sleep deprivation, obesity, untreated high-frequency migraine, depression and anxiety can lead to chronic headache. So, monitor your headache days and seek help sooner rather than later!

Fact 3: Men suffer more commonly from the most severe form of headache – cluster headache

Cluster headache (CH) is an uncommon form of primary headache, affecting less than 1% of people in Europe. It is, on average, about five times more common in men than in women – although the gap is closing. CH is considered as the most excruciating form of pain existing in medicine. CH involves severe pain lasting from 15 minutes to 3 hours, which is one-sided, occurring in the eye or temporal area of the head. The pain is associated with redness of the eye, tears, nasal stuffiness, facial sweating, pupil constriction and/or a droopy eyelid. Unlike in migraine where the person affected wants to lie down in a quiet room, cluster sufferers are usually restless and agitated, pacing the room and sometimes banging their head on the wall to relieve the pain. These attacks most commonly appear in clusters i.e. active periods separated by pain-free remission periods.

Data has documented that CH is largely under-recognized, under-treated and underestimated (7). This is despite the fact that the diagnosis of CH is very

simple, and rapid and effective treatments for alleviating CH pain are available (i.e. high flow oxygen and Sumatriptan sc), If you suspect to suffer from CH search for help in a specialist setting.

Fact 4: Trigeminal Neuralgia, yet another very severe form of headache

Trigeminal neuralgia is a disorder that gives occasion to very strong attacks of pain in the face. The pain comes as a short sharp pain, which can last a few seconds or a full minute or more, and which is repeated every time one of the "trigger points" is released. The pain is typically localized to the cheek, to the gum, to the palate and/or to the tongue, and more seldom to the eye area. There are often highly sensitive trigger points, where even modest touch can trigger the pain attacks. When these trigger points are located in the mouth region, talking, eating and brushing of the teeth can be situations, which as far as possible are avoided in order not to release the pain attacks.

In the case of so-called atypical trigeminal neuralgia above attacks will be supplemented by a constant burning/oppressive pain component.

Trigeminal neuralgia can normally be treated by (relatively high doses) of oxcarbazepin or carbamazepin. Open surgery (microvascular decompression) can eliminate the suffering.

Ask your General Practitioner to refer you to a center specialized in this suffering. In Denmark this would be Dansk Hovedpinecenter at Glostrup Hospital, or Smertehovepinekliniken at Aarhus University Hospital. Ensure you are referred to the centers so called "fast track".

Fact 5: All primary headache types can impact negatively on quality of life – this includes Tension Type Headache

TTH is usually a mild pain described as a pressure or tightness, like a band around the neck - sometimes spreading into or from the neck. It lacks the specific features and the associated symptoms of migraine. It usually lasts a few hours, but can persist for several days.

TTH is often thought as 'a normal headache', in contrast with the disabling attacks of migraine. However, due to its high prevalence it can result in high levels of absenteeism and loss of productivity at

work, as well as undue expenditure in the health system (8).

In an analysis of work-related disability data from the US, 38% of men experienced six or more lost workdays per year due to migraine; on average men affected by migraine require four full bedrest days per year (9).

As in women, the impact of migraine extends to family, social and leisure activities. In a 2003 study, 83% of men reported a moderate or greater reduction in their ability to do housework or chores. More than 40% thought that without headache they would be a better parent and almost 50% felt less able to relate with their children (10).

Many patients report that headache negatively impacts on their ability to pursue studies and on their finances: in men low individual income seems to be associated with an increased risk of frequent or chronic headache.

Unlike with migraine, men are only slightly less affected by tension-type headache (TTH) than women. Most men (more than 80%) will suffer from TTH at some point in their lives. However, for about 13% of men, TTH will become frequent or chronic.

So, don't feel guilty if your headache reduces your activity level in work, social or family life. This is normal! With an accurate diagnosis, appropriate treatment and support you can reduce the impact that headache has on your life.

Fact 6: Headache can be a sign of something more sinister – make sure you know the red flags that suggest further investigation is required.

More than 90% of headache patients have a primary headache (migraine, TTH, CH etc). This is a headache with no underlying disorder. As we have seen above, men are often very slow to consult a health professional when affected by headache. However, if you have any of the below symptoms, you should seek help immediately as it could be a sign of something more serious:

- New, abrupt or worst headache
- Headache triggered by coughing, sneezing, exercise or sex
- Thunderclap headache (sudden onset, severe headache)

- Persistent and positional headache (e.g. orthostatic headache i.e. one that worsens in an upright position)
- Change in pattern and worsening of your headache
- Prolonged aura or repetitive aura
- Headache accompanied by a rash, fever and/or stiff neck, myalgias (muscle pain) or weight loss
- Headache accompanied by neurological symptoms and signs (seizures, personality changes, limb weakness, etc.)
- Headache associated with a history of cancer, immunodeficiency and other systemic disorders
- Headache associated with trauma

Fact 7: Your national patient organisation can help – contact us today!

If living in Denmark and suffering from one of types of headache outlined above, we urge you to contact the relevant organization(s):

Migræne- & Hovedpineforeningen:

post@hovedpineforeningen.dk or check their website www.hovedpineforeningen.dk.

Dansk Horton Hovedpineforening:

formand@hortonforeningen.dk or check their website www.hortonforeningen.dk

Trigeminus Foreningen

post@trigeminus.dk or check their website www.trigeminus.dk.

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