

## Advice and guidance for managing chronic headaches – can be sent to patients.

This advice is generic, so not all of the information may be relevant to your specific patient. However, if they work your way through this hopefully at least some of the advice will be helpful.

Chronic primary headache (migraine/tension) is often perpetuated by analgesic use (especially Triptans and opiate related analgesia), even when these painkillers are taken for reasons other than headache. In this setting a period of analgesic withdrawal can be transformative and is highly recommended. Patients need to stop taking all analgesics (simple, NSAID, opiate related and Triptans) for at least 6 weeks, preferably 10-12 weeks. Sometime headaches will initially worsen for a rebound period that can last up to 6 weeks, but it is well worth persisting with withdrawal as so many patients are substantially improved. Clearly this is not curative but the frequency, duration and intensity of headaches are often greatly improved and thereafter the medications may be used again so long as use does not escalate beyond 15 days per month for monotherapy with simple analgesic or 10 days per month for compound analgesics. Recurrent medication overuse headache is a common risk. A lot of helpful information concerning the nature of these headaches and other things to try to improve matters is available on-line from sources such as the [Migraine Trust](#) , [Migraine Action](#) and the [British Association for the Study of Headache](#).

Many patients “grin and bear” their headaches in order to “keep going” rather than resting. Poor sleep/inadequate rest are thus frequent contributory factors to chronic headache. Attempting to improve sleep hygiene can also be very helpful, and again the internet contains a lot of helpful advice about how to do this (for example the sleep [Livewell](#) pages of the NHS website).

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There are also freely available smart phone apps which can help with sleep and general wellbeing. If weight and/or snoring are issues a formal sleep assessment might be indicated. For some patients caffeine intake may also be relevant (tea, coffee, coca cola, red bull etc.) and therefore switching away from these drinks to hydration with clear fluids (water) can also help and should be tried for a 6 week period. If stress or anxiety is contributing then relaxation exercises may help, and again there are many sources of information about exercises to try on the internet (for example the headache management [Livewell](#) pages of the NHS website, For those in need further psychological support is also available via <https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/bristol-north-somerset-and-south-gloucestershire/>

Patient should also consider having their eyes checked at the opticians, where eye pressure and fundal appearances are often assessed as well as glasses prescription.

Muscle relaxation exercises may also help those with a musculoskeletal component to their headache. Please see separate document Muscle Relaxation Exercises.

It is also recommended where relevant that patients ensure that gas appliances have been properly serviced and that they have a functioning carbon monoxide alarm.