



DOCTOR DISCUSSION GUIDE

Managing Headaches

Living with a headache disorder can feel physically and mentally exhausting, but understanding your condition can get you started with taking control of its symptoms. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

Primary Headache	A headache that exists on its own and is not caused by another medical condition.
Secondary Headache	A headache that is caused by another health condition, such as high blood pressure, an infection, a structural brain abnormality, or a blood vessel problem.
Tension-Type Headache	The most common type of primary headache disorder, characterized by a dull tightening or pressure discomfort on both sides of the head. Sometimes referred to as a “stress headache” or simply a “tension headache,” it worsens with physical activity, lasts anywhere from 30 minutes to seven days, and may be associated with a sensitivity to light or sound, but not both.
Cluster Headache	Another type of primary headache disorder, albeit much less common than tension-type headache or migraine, that causes a severe stabbing, burning and/or piercing pain around one eye or temple. Cluster headaches last anywhere from 15 to 180 minutes and may be associated with symptoms such as a stuffy or runny nose, teary or red eye, swollen or drooping eyelid, or facial sweating.
Migraine	Another type of primary headache disorder that is generally characterized by a one-sided, throbbing sensation that worsens with physical activity.
Aura	An aura, which occurs in a little over one quarter of migraine attacks, is characterized by impairments in vision, sensation, language, or, rarely, movement. These neurological disturbances are reversible, last five minutes up to one hour, and generally occur prior to headache onset.
Medication Overuse Headache	A headache that occurs as a result of taking pain medication too frequently, specifically more than 10 to 15 days per month (depending on the specific medication). Previously called a “rebound headache,” a medication overuse headache may occur with a variety of pain medications ranging from opioids/narcotics to over-the-counter painkillers like nonsteroidal anti-inflammatories.
Trigger	An environmental factor, such as stress, weather, sleep disturbances, or certain foods, that contribute to the development of a headache.
Brain Imaging	Brain imaging, such as a CT scan and/or MRI of your brain, may be ordered to rule out a secondary headache, especially if certain “red flag” symptoms are present, like neurological symptoms or a sudden, severe headache onset.

