



Lubbock
SINUS DOCTOR

Headaches

Headache evaluation and treatment is complex. Ear, nose, and throat physicians see patients with recurrent or chronic headaches because sinus problems are suspected. Most patients present with facial pain. It may be located over the forehead, between or around the eyes, or over the midface. Headaches that are related to sinus disease usually will be associated with one or more additional nasal symptoms. Sinusitis will cause facial pain/pressure, nasal congestion, thick or colored nasal mucous, voice change, and an altered sense of smell. If sinus problems are suspected, a CT scan of the sinuses may be ordered. If the CT scan is normal, the headaches are not related to sinus problems. The so called "sinus headache" does not exist if the sinus CT scan is completely normal. It is important to realize that not all facial pain equals sinus problems. Dental problems must be considered.

Facial/frontal pain and pressure may also represent a migraine variant headache. The severity of these headaches is variable. Managing migraine variant headaches does not include the use of antibiotics. Regularity in life is extremely important. People need a regular sleeping and eating schedule. Under or oversleeping may cause headaches. Missing meals may contribute. Dietary factors may contribute to headaches. This includes sugar, artificial sweeteners, nicotine, red wine, caffeine, cheese, and peanut butter. Regular exercise is helpful. Relaxation techniques and massage may be beneficial. It is not uncommon for people with chronic headaches to take daily doses of tylenol, aspirin, or ibuprofen. In these situations, medication rebound headaches become a major issue. With increasing use, the headache severity worsens after medication effectiveness resolves. Tylenol is the biggest problem in these situations. Weaning off the frequent use of these medications is necessary.

If headaches are occurring more than twice a week, prescription medications may be used daily to decrease the number of headaches. The two medications I usually prescribe are Nortriptyline and or Topamax. Nortriptyline is taken before bedtime. It is used for frequent but milder headaches. Daytime fatigue may be a side effect. Topamax is usually taken twice a day. It is used for prevention of frequent incapacitating headaches that are more compliant with classic migraines. Fatigue and altered concentration may be side effects. While on Topamax, calcium levels should be checked twice a year. Botox injections have provided benefit for some. Medications such as Imitrex are available to take as needed for the more incapacitating headaches. These medications should be taken immediately at the onset of the headache. Imitrex is not a pain medication. It works to stop the progression of the headache. Finally, it may be a good idea to have a neurologist manage your headache treatment.