HEALTH BASICS

Managing a headache

A practical guide to easing a headache, using medicines safely, and knowing when to seek care.

WHAT IT IS
Practical steps for assessing and easing head pain

WHERE IT COMES UP
New, recurring, or changing headache episodes

WHY IT MATTERS
Supports comfort while identifying warning signs

WHAT IT IS NOT
Not a diagnosis or a disease

WHO TO ASK
Pharmacist, primary care clinician, or emergency service

HOW IT IS CHECKED
Symptom history, examination, and selected tests

Overview

Managing a headache means responding safely to pain in or around your head. It includes noticing warning signs, trying suitable self-care, and deciding whether you need medical advice.

A headache is a symptom, not a diagnosis or a disease by itself. It may occur with a primary headache disorder, such as migraine, tension-type headache, or cluster headache. "Primary" means the headache disorder itself causes the pain.

A secondary headache has another cause. Examples include a viral illness, dehydration, a head injury, medication effects, or, less often, a serious medical condition.

One brief, mild headache often settles with rest or simple treatment. Repeated, severe, or changing headaches deserve closer attention. The pattern and accompanying symptoms usually matter more than pain intensity alone.

How it works

Brain tissue itself does not feel pain. Headache signals come from pain-sensitive structures around the brain, including blood vessels, nerves, muscles, and the coverings of the brain.

Different headache disorders activate these structures in different ways. Migraine involves changes in nerve signalling and is often linked with nausea or sensitivity to light and sound. Tension-type headache often feels like pressure or tightness. Cluster headache causes severe pain around one eye in repeated attacks and needs medical assessment.

Everyday factors may contribute to an episode. These include missed meals, changes in sleep, stress, alcohol, caffeine withdrawal, prolonged screen use, and not drinking enough fluid. Hormonal changes can also affect some people. A trigger is not always the underlying cause, and many headaches have no obvious trigger.

Managing an episode has three parts: checking for warning signs, easing the immediate discomfort, and watching for a pattern. If headaches keep returning, identifying the type can guide more specific treatment.

Why it matters for your health

The right response can reduce discomfort without exposing you to unnecessary medicine or testing. It can also help you recognise when head pain needs prompt assessment.

Over-the-counter pain medicines can be useful, but they must be taken according to the label. Taking more than directed does not make them safer or more effective. Acetaminophen, also called paracetamol, appears in many cold, flu, and combination products. Using two products with the same ingredient can lead to an accidental overdose and liver injury.

Nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs, include ibuprofen and naproxen. They are not suitable for everyone. Ask a pharmacist or clinician before using them if you are pregnant, take blood-thinning medicine, or have kidney disease, heart disease, stomach ulcers, or previous bleeding from the digestive system.

Frequent use of short-term headache medicine can sometimes lead to medication-overuse headache. This is a recognised secondary headache disorder in which repeated medicine use helps maintain a cycle of headaches. If you need pain medicine on many days, discuss the pattern rather than simply increasing how often you take it.

What can go wrong

Most headaches are not caused by an emergency. However, certain patterns can be related to conditions such as bleeding around the brain, stroke, meningitis, acute glaucoma, severe head

injury, or dangerously high blood pressure during pregnancy.

Call emergency services if a headache:

If several people in the same building develop headache, dizziness, or nausea, carbon monoxide exposure is possible. Move into fresh air, do not re-enter the building, and contact emergency services.

Seek urgent same-day medical advice for a new or severe headache during pregnancy or after giving birth, particularly with vision changes, swelling, upper abdominal pain, or a high blood pressure reading. These can occur with pre-eclampsia or related complications.

A new headache also needs prompt advice if you have a weakened immune system, known cancer, or recent head injury. New head pain with jaw pain while chewing, scalp tenderness, or vision changes can be related to inflammation of an artery called giant cell arteritis and should be assessed urgently.

Routine follow-up is appropriate when headaches keep returning, interfere with work or sleep, change from their usual pattern, or require frequent pain medicine. Arrange an appointment even if each episode eventually settles.

- Starts suddenly and reaches maximum intensity within seconds or minutes
- Occurs with new facial drooping, weakness, numbness, speech trouble, confusion, fainting, or a seizure
- Comes with fever, a stiff neck, marked drowsiness, or a rash that does not fade under pressure
- Follows a head injury and is accompanied by worsening confusion, repeated vomiting, unusual behaviour, or difficulty staying awake
- Comes with sudden loss of vision or a very painful red eye

What you can do

First, pause and consider what is different about this headache. Check whether it began suddenly, followed an injury, or comes with any emergency features.

For a familiar, mild headache without warning signs, practical steps may help. Rest in a quiet place if possible. Drink fluid if you may be dehydrated, and eat something if you have missed a meal. A cool or warm pack may be soothing. Reducing bright light, noise, or screen use can help when those make the pain worse.

If you choose an over-the-counter medicine, follow its label exactly. Check the active ingredients in every product, especially cold and flu remedies. A pharmacist can help you

choose an option that fits your medicines, pregnancy status, allergies, and medical history.

Keep a brief headache record if episodes recur. Note:

Bring this record to a routine appointment. Useful questions include, "What type of headache might fit this pattern?" and "Could any of my medicines be contributing?" If headaches are frequent, ask whether a treatment to reduce future episodes should be considered.

There is no single test for every headache. A clinician may check your blood pressure, eyes, reflexes, strength, sensation, and coordination. Brain imaging or blood tests are selected when the history or examination suggests a particular cause. Many people with a stable headache pattern and a normal examination do not need a scan.

- When the pain started and ended
- Where it was and what it felt like
- Other symptoms, such as nausea or light sensitivity
- Sleep, meals, caffeine, menstruation, illness, or possible triggers
- Medicines taken and whether they helped

Common questions

Should I sleep off a headache?

Rest or sleep can help some headaches, especially migraine. It should not replace urgent assessment when warning signs are present or the headache is unusually sudden or severe.

Do I need a brain scan?

Not automatically. A scan is more useful when there is a sudden change, an abnormal examination, an injury, or another clue to a secondary cause. It may add little for a familiar, stable pattern without warning signs.

Can caffeine help?

Caffeine is included in some headache medicines and may help certain people. However, high intake or sudden withdrawal can also contribute to headaches. Keeping your usual intake steady may be more useful than repeatedly adding extra caffeine.

Is every forehead headache caused by the sinuses?

No. Migraine and tension-type headache can both cause forehead or facial pressure. A sinus infection is more likely when head or facial pain occurs with features such as thick nasal discharge, reduced smell, fever, or symptoms following a respiratory infection. A clinician can assess persistent or unclear symptoms.

When should I arrange a routine appointment?

Arrange one if headaches are becoming more frequent, changing, disrupting normal activities, or leading you to use pain medicine regularly. A headache record can make that visit more useful.

Sources

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