MANAGING HEADACHES FOLLOWING CONCUSSION/MILD TRAUMATIC BRAIN INJURY

Traumatic Brain Injury Center of Excellence

WHAT IS A POST-TRAUMATIC HEADACHE?

A headache that occurs within 7 days after concussion or an existing headache that is worsened by concussion is called a post-traumatic headache. While there are many different types of posttraumatic headache, the most common are:

Migraine

- More severe in intensity
- A throbbing pain on one side of the head that gets worse over several hours.
- May experience nausea, vomiting, or sensitivity to light and sound.



Tension-type

- Mild to moderate in intensity
- Can feel like a constant dull pressure or tightness across the forehead or on the sides and back of the head or neck.

HOW IS POST-TRAUMATIC HEADACHE TREATED?

Non-medication options	Medication options
 Avoid activities that cause symptoms by following the Progressive Return to Activity. Neck exercises: Neck injury or pain can contribute to headaches. To learn ways to relieve your neck pain, view TBICoE's neck pain fact sheet. Manual therapies: Massages or manipulations are typically performed by physicians, physical therapists, chiropractors, or rehab providers. Acupuncture: Involves applying thin needles to specific pressure points on the body. Neuromodulation: Devices that alter nerve activity to help stop pain signals. 	 As-needed (abortive) These are used to stop a headache and should be taken as soon as one begins. Examples include aspirin, ibuprofen, and acetaminophen. Do not use more than twice a week. Regularly scheduled (preventive) These are used in addition to the abortive ones to treat frequent or severe headaches. It is essential that they are taken exactly as prescribed by your PCM. Typically, it will take 1–3 months to notice improvement in your headaches. For best results, dosage adjustments over time or medication changes may be necessary.

WHEN SHOULD I GET IMMEDIATE HELP FOR MY HEADACHE?

Seek medical attention if you experience:

- Headache pain that is severe and different than what you have experienced in the past (i.e., feels like the worst headache of your life)
- Weakness, numbness or tingling in your arms or legs
- Changes in your speech or vision
- Repetitive vomiting

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HOW CAN I MANAGE MY HEADACHES?



Recognize and Avoid Common Triggers

- Factors such as lack of sleep, strong smells, stress, anxiety and skipped meals can set off a headache.
- A headache diary may be useful to track your headache symptoms and daily activities. This can help you and your PCM identify specific triggers so that you can plan for or avoid them. Download a 7-day fillable <u>headache diary</u> that you can share with your PCM.



Maintain Healthy Habits

- Eat nutritious meals, stay well hydrated, exercise regularly, manage stress, stop smoking, and limit alcohol and caffeine use.
- View TBICoE's <u>Healthy Sleep After Concussion</u> fact sheet to learn tips on improving sleep.



Use Relaxation Strategies

- Since headaches can be triggered by stress, anxiety, or frustration—relaxation techniques such as deep breathing, progressive muscle relaxation, guided imagery, biofeedback, and mindfulness—can be helpful.
- Try some <u>DHA</u> and <u>VA</u> apps that can guide you through several of these relaxation exercises.

HOW LONG CAN I EXPECT MY HEADACHE TO LAST?

- The brain typically takes 2–3 weeks to heal from a concussion when following the <u>Progressive Return to Activity</u>. During this time, symptoms such as headache usually resolve on their own. However, pushing through your symptoms during the recovery process may cause them to last longer.
- While medications and therapies can help reduce the frequency and severity of persistent headache symptoms, they often cannot completely get rid of them. If you experience longer-lasting headaches, work with your PCM to develop practical headache treatment goals.



Scan the QR code to find all of TBICoE's concussion fact sheets.

Do you have questions about this fact sheet? Feedback? Email <u>dha.TBICoEinfo@health.mil</u>.