

# Traumatic Brain Injury and Headaches



PAIN FROM HEADACHES CAN CAUSE FRUSTRATION, MAKE IT HARD TO FOCUS AND REMEMBER.



LATER, AT THE DOCTOR'S OFFICE...



I'M AFRAID THE HEADACHES ARE FROM MY INJURY. DO YOU THINK SOMETHING IS WRONG?

WELL, THEY COULD BE FROM YOUR TBI...



...BUT I'M MOSTLY CONCERNED THAT THE PAIN IS INTERFERING WITH YOUR LIFE.

SO, WHAT CAN WE DO?

In the first one to two days after your TBI or concussion bleeding is still a concern. You should go to the emergency room immediately if you have a headache and:

- ...the pain continues to get worse,
- ...you vomit or feel nauseous from a headache,
- ...you have weakness in an arm or leg OR trouble speaking,
- ...you feel increasing sleepiness

I CAN'T TREAT YOUR HEADACHES UNTIL WE CAN KNOW WHAT TYPE THEY ARE.

THERE ARE DIFFERENT KINDS OF HEADACHES?

OH YES! THERE ARE LOTS OF TYPES OF HEADACHES. BUT FOUR ARE COMMON AFTER TBI...



# MIGRAINE HEADACHES

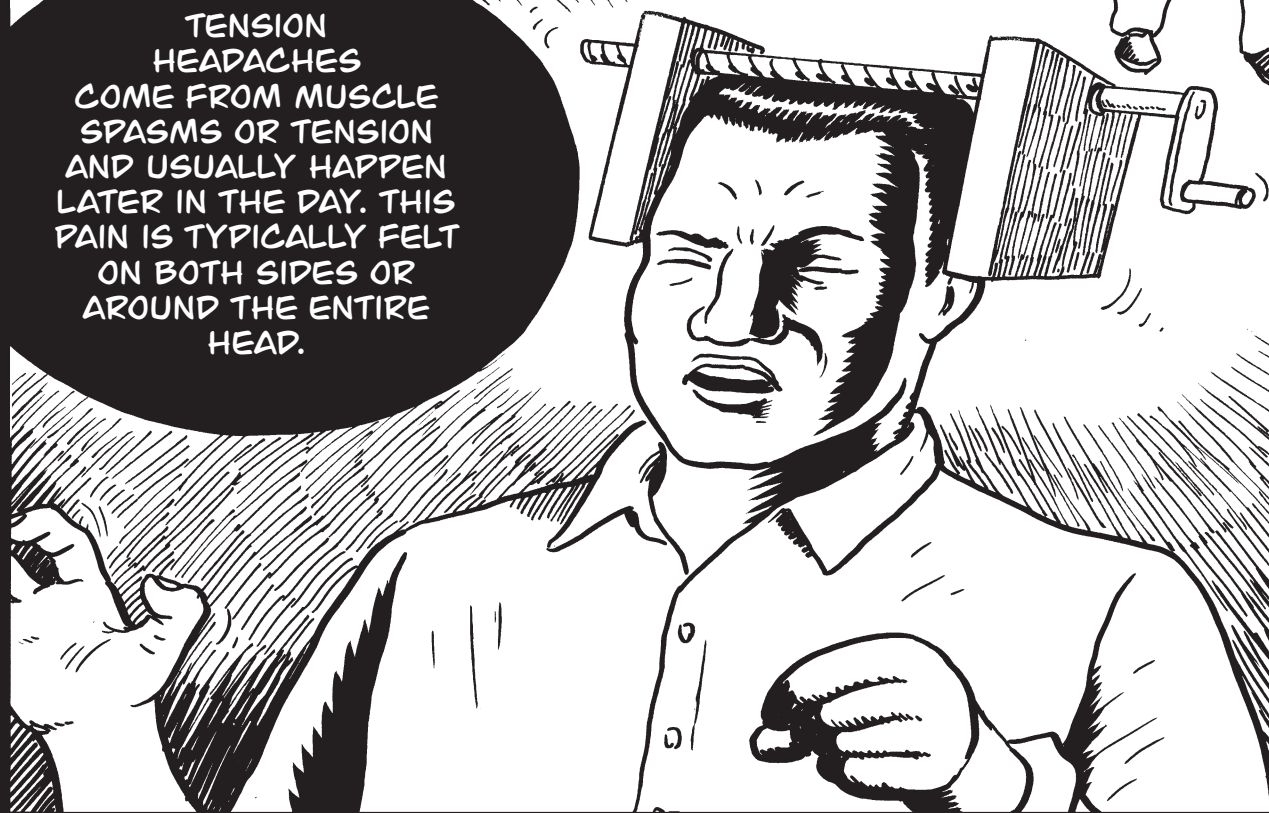
PEOPLE MIGHT BE SENSITIVE TO LIGHT AND SOUND, AND THEY OFTEN FEEL NAUSEATED OR VOMIT. MANY PEOPLE GET A "WARNING" SIGNAL BEFORE A MIGRAINE, THIS IS CALLED AN "AURA". SEEING BRIGHT LIGHTS OR SPOTS ARE TWO COMMON AURAS

MIGRAINES HAPPEN WHEN A PART OF THE BRAIN BECOMES VERY SENSITIVE. THIS CAN SEND RIPPLES OF THROBBING PAIN TO OTHER AREAS. MIGRAINES ARE USUALLY ON ONE SIDE OF THE HEAD.



# TENSION HEADACHES

TENSION HEADACHES COME FROM MUSCLE SPASMS OR TENSION AND USUALLY HAPPEN LATER IN THE DAY. THIS PAIN IS TYPICALLY FELT ON BOTH SIDES OR AROUND THE ENTIRE HEAD.



# CERVICOGENIC HEADACHES

NERVES IN YOUR NECK AND AT THE BASE OF YOUR HEAD RUN TO YOUR SKULL AND SCALP. THEY CAN CARRY PAIN SIGNALS TO OTHER PARTS OF YOUR HEAD.

MOVING YOUR NECK OR HOLDING YOUR HEAD IN CERTAIN POSITIONS CAN MAKE THE PAIN FROM CERVICOGENIC HEADACHES WORSE.

IF YOU REGULARLY HAVE CAFFEINE, LIKE COFFEE, TEA, OR ENERGY DRINKS YOU CAN GET A HEADACHE IF YOU DON'T HAVE AS MUCH AS NORMAL. THESE CAFFEINE HEADACHES ARE ALSO CALLED REBOUND HEADACHES.

## REBOUND HEADACHES

REBOUND HEADACHES CAN ALSO HAPPEN IF YOU MISS DOSES OR HAVE TOO MUCH PAIN MEDICATION.

SO...HOW DO WE KNOW WHAT KIND THESE ARE?

I'D LIKE YOU TO KEEP A HEADACHE DIARY SO I HAVE GOOD INFORMATION ABOUT WHAT'S HAPPENING.

YES, HERE'S A SAMPLE. JUST FILL IN THE BOXES EVERY DAY WITH INFO ABOUT YOUR HEADACHES. WE'LL GO OVER IT TOGETHER AFTER TWO WEEKS

HEADACHE DIARY?

**Headache Diary**

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	TH
DATE					
HAVE YOU HAD A HEADACHE TODAY? Y/N					
PLEASE RATE YOUR PAIN, ON A SCALE OF 1-10 WITH 10 BEING THE WORST POSSIBLE PAIN, AND 1 BEING THE LEAST)					
DID YOU MISS WORK OR DAILY ACTIVITIES BECAUSE OF YOUR HEADACHE? Y/N					
DID YOU TAKE ANY MEDICATION FOR YOUR HEADACHE TODAY? Y/N					
IF YES, WHAT KIND OF MEDICATION DID YOU TAKE FOR YOUR HEADACHE?					
DID YOUR HEADACHE GET BETTER? Y/N					

DR K WAS ABLE TO TELL BY EXAMINING ME THAT MY HEADACHES WEREN'T DUE TO BLEEDING.

TWO WEEKS LATER...

THE INFO FROM MY HEADACHE DIARY SHOWED US THAT MY HEADACHES WERE CAUSED BY STRESS.

I HAVE TENSION HEADACHES. KNOWING THIS HELPED US DEVELOP A TREATMENT PLAN.





WINE OR CHEESE CAN BE TRIGGERS FOR MIGRAINES



FOR OTHER PEOPLE MSG IS A TRIGGER.



BUT THERE ARE DIFFERENT TRIGGERS FOR DIFFERENT HEADACHES.

NOT HAVING COFFEE CAN CAUSE REBOUND HEADACHES BUT FOR OTHER PEOPLE HAVING COFFEE CAN BE A TRIGGER.

I STILL GET HEADACHES BUT NOW THAT I KNOW MY TRIGGERS, I GET THEM LESS.

THE TWO MOST IMPORTANT THINGS I DID WERE TALKING TO DR K AND KEEPING A HEADACHE DIARY.

IF YOU ARE HAVING HEADACHES, YOU CAN USE THE NEXT PAGE TO KEEP TRACK OF THEM.



# Headache Diary

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>DATE</b>							
HAVE YOU HAD A HEADACHE TODAY? Y/N							
PLEASE RATE YOUR PAIN. (ON A SCALE OF 1-10 WITH 10 BEING THE WORST POSSIBLE PAIN, AND 1 BEING THE LEAST)							
DID YOU MISS WORK OR DAILY ACTIVITIES BECAUSE OF YOUR HEADACHE? Y/N							
DID YOU TAKE ANY MEDICATION FOR YOUR HEADACHE TODAY? Y/N							
IF YES, WHAT KIND OF MEDICATION DID YOU TAKE FOR YOUR HEADACHE?							
DID YOUR HEADACHES GET BETTER? Y/N							

# Headache Diary

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>DATE</b>							
HAVE YOU HAD A HEADACHE TODAY? Y/N							
PLEASE RATE YOUR PAIN. (ON A SCALE OF 1-10 WITH 10 BEING THE WORST POSSIBLE PAIN, AND 1 BEING THE LEAST)							
DID YOU MISS WORK OR DAILY ACTIVITIES BECAUSE OF YOUR HEADACHE? Y/N							
DID YOU TAKE ANY MEDICATION FOR YOUR HEADACHE TODAY? Y/N							
IF YES, WHAT KIND OF MEDICATION DID YOU TAKE FOR YOUR HEADACHE?							
DID YOUR HEADACHES GET BETTER? Y/N							



## AUTHORSHIP AND ILLUSTRATION

This infocomic was written by Silas James and Ayla Jacob and illustrated by David Lasky, in collaboration with the Model Systems Knowledge Translation Center.

Portions of this infocomic were adapted from the factsheet series titled Understanding TBI, which was developed by Thomas Novack, PhD, and Tamara Bushnik, PhD in collaboration with the Model System Knowledge Translation Center (<https://msktc.org/tbi/factsheets/Understanding-TBI>). Portions of this infocomic were also adapted from materials developed by the University of Alabama Traumatic Brain Injury Model System (TBIMS), Baylor Institute for Rehabilitation, New York TBIMS, Mayo Clinic TBIMS, Moss TBIMS, and from "Picking up the Pieces After TBI: A Guide for Family Members", by Angelle M. Sander, PhD, Baylor College of Medicine (2002).

**Source:** The content in this infocomic is based on research and/or professional consensus. This content has been reviewed and approved by experts from the Traumatic Brain Injury Model Systems (TBIMS), funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), as well as experts from the Polytrauma Rehabilitation Centers (PRCs), with funding from the U.S. Department of Veterans Affairs.

**Disclaimer:** This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this infocomic were developed under a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), Department of Education (ED; grant number: Grant #H133A120028); and a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant number: 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this infocomic do not necessarily represent the policy of NIDILRR, NIDILRR, ACL, ED, or HHS, and you should not assume endorsement by the federal government.

**Copyright © 2017** Model Systems Knowledge Translation Center (MSKTC). May be reproduced and distributed freely with appropriate attribution. Prior permission must be obtained for inclusion in fee-based materials.

