

POST-TRAUMATIC HEADACHE

I. Background

Headache is a frequent consequence of head and neck injury and may be experienced soon after injury by 30 - 80% of persons. Post-traumatic headaches may be mild or severe, but frequently resolve within 6 - 12 months after injury.

The most frequent cause of post-traumatic headache is related to muscular contraction within the neck and scalp and may account for up to 85% of cases, with migraine-like vascular headaches accounting for nearly 15% of cases.

Classification

- (1) Acute post-traumatic headaches:
Headaches develop within 14 days of injury and resolve within 8 weeks after injury.
- (2) Chronic post-traumatic headaches:
Headaches develop within 14 days of injury and last longer than 8 weeks after injury.

II. Diagnostic Criteria

1. History of a direct or indirect head or neck injury.
2. Persistent pain and/or impaired sensation or cognition.

III. Diagnostic Studies

1. History and physical examination including pertinent neurological examination.
2. X-rays of the cervical spine in the presence of neck pain.
3. Skull films are not usually indicated but may be obtained in the presence of penetrating injury to the skull or scalp, otorrhea or peri-orbital ecchymosis.

4. MRI and CT scans may be essential in the presence of objective neurologic abnormalities; in the absence of localizing neurologic findings, MRI and/or CT scan are rarely indicated within 30 days of injury.

5. EEG is not indicated within 30 days of injury unless the patient has signs or symptoms of a post-traumatic seizure disorder.

6. Neuropsychological testing may be helpful for objective evaluation of cognitive and/or behavioral function.

IV. Treatment

The vast majority of individuals with post-traumatic headache may be treated as outpatients, and hospital admission for observation is rarely necessary. Symptomatic treatment may include non-steroidal anti-inflammatory medications, mild analgesics and/or muscle relaxants. Superficial heat, postural support, and exercise may be useful for cervicogenic headache. Individuals with migraine-type post-traumatic headaches may require tricyclic antidepressants or abortive medications (butalbital compounds such as Fiorinal, Fioricet, Esgic and phrenilin, ergots, sumatriptin, valproate, or intravenous dihydroergotamine).

Individuals with chronic post-traumatic headaches may develop symptoms and signs including dizziness, vertigo, tinnitus, hearing loss, irritability, anxiety, depression, personality change, fatigue, sleep disturbance, decreased libido, and/or decreased appetite. These conditions and symptoms may require treatment by an appropriate specialist such as a psychiatrist or otolaryngologist.

PROTOCOL HISTORY:

Passed: 9/01/1992 (as POST-CONCUSSION SYNDROME)

Amended: 11/19/2002

Amended: 5/5/2009 (as POST-TRAUMATIC HEADACHE)