

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.

II. CLASSIFICATION

- A. Acute post-traumatic headaches:
Headaches develop within 14 days of injury and resolve within 8 weeks after injury.
- B. Chronic post-traumatic headaches:
Headaches develop within 14 days of injury and last longer than 8 weeks after injury.

III. DIAGNOSTIC CRITERIA

- A. History of a direct or indirect head or neck injury
- B. Persistent pain and/or impaired sensation or cognition

IV. DIAGNOSTIC STUDIES

- A. History and physical examination including persistent neurological examination
- B. X-rays of the cervical spine in the presence of neck pain
- C. 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.
- D. 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.
- E. EEG is not indicated within 30 days of injury unless the patient has signs or symptoms of a post-traumatic seizure disorder.
- F. Neuropsychological testing may be helpful for objective evaluation of cognitive and/or behavioral function.

V. 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: 9/1/1992 (as Post-Concussion Syndrome)
Amended: 11/19/2002
Amended: 5/5/2009 (as Post-Traumatic Headache)