

ABI: About Brain Injury

-- prepared by Sask. North Acquired Brain Injury (ABI) Services

ABI Services
...serving
individuals with
acquired brain
injury, their
families and their
communities

Post Traumatic Headaches

Headache is one of the most common symptoms after traumatic brain injury (often called post-traumatic headache). Over 30% of people report having headaches which continue long after injury.



Why are headaches a problem after brain injury?

Headaches after TBI can be long-lasting, coming and going even past one year. Headaches can make it hard for you to carry out daily activities or can cause you to have more difficulty thinking and remembering things.

Why do headaches happen after brain injury?

Right after a severe TBI, people may have headaches because of the surgery on their skulls or because they have small collections of blood or fluid inside the skull.

Headaches can also occur after mild to moderate injury or, in the case of severe TBI, after the initial healing has taken place. These headaches can be caused by a variety of conditions, including a change in the brain caused by the injury, neck and skull injuries that have not yet fully healed, tension and stress, or side effects from medication.

Should I worry about having a headache?

Most headaches are not dangerous. In the first few days after a concussion or head injury, a person should see a health care professional experienced in treating persons with brain injuries IF the following occurs:

- Your headache gets worse.
- You have nausea and/or vomiting with a headache.
- You develop arm or leg weakness or problems speaking along with a headache.
- You have increasing sleepiness with headache.

In this Issue:

Headaches	1
Types of headaches	2
Treatment	3
Headache Diary	4
Programs/ Upcoming Events	5-6

Past editions of the **About Brain Injury** newsletter are available on-line at www.paphr.sk.ca in the "Healthy Living" section.

What are some typical kinds of headaches after TBI?

Migraine headaches

These kinds of headaches happen because an area of the brain becomes hypersensitive and can trigger a pain signal that spreads out to other parts of the brain (like the ripples that spread out after you drop a pebble in water). These headaches typically have the following features:

- Dull, throbbing sensation, usually on one side of the head.
- Nausea or vomiting.
- Light and sound sensitivity.
- Pain level rated as moderate to severe.
- You might get a warning signal that a migraine is coming on, such as seeing spots or bright lights. This is called an *aura*.



Rebound headaches

Sometimes the very medicines used to treat headaches can actually cause headaches. When pain medicines are taken daily on a regular schedule, missing one or two doses can result in a headache.

You also can develop a rebound headache if you decrease the amount of caffeine you use. For example, if you normally drink a lot of coffee, tea or energy drinks but don't get your usual amount, you may get a headache.

Tension-type headaches

These headaches are associated with muscle tension or muscle spasms and stress. They usually have the following features:

- Tight, squeezing sensation, often around the entire head or on both sides.
- Pain level rated as mild to moderate.
- Occur later in the day.

Cervicogenic headaches

This type of headache can occur when there has been some injury to the muscles and soft tissues in the neck and the back of the head. Many nerves that are located in the tissues and bones of the neck have branches that travel to the skull and scalp and can result in head pain. This type of headache usually has these features:

- Often start in the neck, shoulders and back of the head, and sometimes travel over the top of the head.
- Neck movement or positioning can make the pain worse.
- These headaches are not usually associated with nausea and can range from mild to severe.

Do I need special tests to diagnose a headache?

In the first few days after a head injury, doctors will often order a CT scan of your brain to make sure there is no bleeding in your head. After that, a brain scan or other test is rarely needed in order to diagnose a headache accurately.

Usually, the health care provider will rely on your history and symptoms to sort out what kind of headache you are having and how to treat it.

What can be used to treat a headache after TBI?

This will depend on each individual case. It's important to discuss your headaches with your doctor and to keep track of headaches and your response to treatment. Many people use a headache diary to help them do this.

Lifestyle changes to help prevent headaches

The first steps in treating any type of headache don't involve drugs or other therapy. Many times, lifestyle factors can trigger headaches or make headaches worse. Making simple changes can often make a big difference in whether or not headaches occur. Try to:

- Get enough sleep.
- Get daily exercise. Aerobic exercise such as walking and good stretching often help to prevent headaches by improving sleep and decreasing triggers. If a headache is worsened by any particular exercise, check with your health care provider.
- Avoid caffeine.



Common types of treatment for occasional headaches include:

- Over-the-counter pain medicines like acetaminophen (Tylenol®) or ibuprofen.
- Prescription medicines for migraine headache like sumatriptan (Imitrex®).
- Relaxation therapy/meditation.
- Biofeedback therapy.
- Stretching and self-massage.
- Acupuncture.
- Local injections (numbing medication or steroids, or for example) to muscles, nerves or joints of the cervical spine.
- Therapeutic massage.
- *Heat or ice packs.*

Treatments for recurrent headaches that happen more than twice a week

Headaches that occur frequently may require a prescription from your physician. The following medications may be used to treat headaches following TBI:

- Antidepressants.
- Antiseizure medicines (like gabapentin, also called Neurontin®).
- Certain blood pressure medication called beta-blockers (like propranolol).
- Botulinum toxin (Botox) injections.

Using a Headache Diary



Keeping a Headache Diary Can Help Your Doctor Help You

NHF suggests answering the following questions to compile your headache history:

- o When did you start having headaches?
- o How often do they occur? At what time of day? During the week or on weekends? How long do they last?
- o Where is the pain?
- o Which word best describes it: throbbing, pounding, splitting, stabbing, blinding?
- o Are your headaches associated with your menstrual cycle?
- o What triggers your headache: certain foods, certain physical activities, bright light, strong odors, change in temperature or altitude, noise, smoke, stress, oversleeping?
- o What symptoms do you experience prior to the headache?
- o Does anyone else in your family suffer from headaches?
- o Do you notice visual disturbances before or after your headaches?
- o Do you suffer from more than one type of headache?

It is important to make an appointment with your doctor for the specific purpose of addressing your headache history rather than discussing headaches as part of a physician visit for other reasons. The National Headache Foundation also recommends keeping a diary to track the characteristics of your headaches. Patterns identified from your diary may help your doctor determine which type of headache you have and the most beneficial treatments.

For more information about headache causes and treatments, visit the NHF web site at www.headaches.org or call 888-NHF-5552.



A headache diary consists of tracking the following information:

Date	Time (start/finish)	Intensity rate 1-10 (most severe being 10)	Preceding Symptoms	Triggers	Medication (and dosage)	Relief (complete/ moderate/ none)

ABI Services Library

We also have a large collection of reference books, activity guides, and easy to read books available for survivors, family members & professionals to borrow.

We have an online searchable list of all the resources in our collection. Check out: www.librarything.com/catalog/ABIServices

To borrow resources from this collection, contact: **Lisa Chambers** phone 306-765-6629 email: lchambers@paphr.sk.ca



Additional resources are also available on the provincial website at <http://www.abipartnership.sk.ca/index.cfm>

Sask North Acquired Brain Injury (ABI) Services

Sask North Acquired Brain Injury (ABI) Services is a group of programs managed by the Prince Albert Parkland Health Region that are part of the ABI Partnership Project.

Following an initial intake meeting, a variety of services may be offered including...

Case Management – evaluation of client needs & development of client-driven goals, assistance with coordinating health services, referrals to other health care professionals/community agencies based on current needs, return-to-work or return-to-school planning, assistance accessing adaptive equipment, and general counseling.

Consultation – providing information to other service providers, agencies or persons in regards to specific client needs/care and ABI in general.

Education – client-specific and general ABI education for individuals, families, and service providers; prevention activities for schools/community groups.

Independent Living Services – assistance with finding appropriate housing (private residence, personal care homes, etc.), facilitate recreation and leisure opportunities, assistance with therapeutic home programming and independent living skills.

Our Service Area:

- Prince Albert Parkland Health Region
- Kelsey Trail Health Region
- Keewatin Yatthe Health Region
- Mamawetan Churchill River Health Region
- Athabasca Health Authority

Program Admission Criteria:

▶ Must have a diagnosis of a moderate to severe brain injury (supported by medical records) & be medically stable.

▶ Be free of active substance abuse and/or be currently involved in a treatment program.

▶ Applicants with a primary psychiatric diagnosis must have symptoms well managed.

▶ Priority will be given to applicants whose brain injury occurred within the past three (3) years.

Community agencies, caregivers, employers, families and schools who require resources may also access services.

How to Access Services:

We accept self-referrals as well as those from health facilities, physicians, any rehabilitation program or professional support services, schools or community agencies.

Participation in our program is voluntary.

To find out more information on our referral process &/or to receive a referral form, please contact us:

Phone: 306-765-6630

Toll free: 1-866-899-9951



Our mission is to provide individual and family support to people with ABI so that they may live successfully in their communities with improved quality of life.



Sask. North Acquired Brain Injury (ABI) Services

1521 – 6th Ave West Prince Albert, SK S6V 5K1

PHONE: 306-765-6630

TOLL FREE: 1-866-899-9951

FAX: 306-765-6657

Coffee Talk

A weekly conversation/support group for individuals who have sustained a stroke or brain injury. The group is open to both the survivor and their spouse &/or other support person.

- Mondays (except for stat holidays)
• 10:30 – noon
• South Hill Mall – Community Room (behind Easy Home – East Mall Entrance)



Drop in for all or portion of this weekly group. Free program. Refreshments served

If lack of transportation is preventing you from attending, please contact Nicole at 765-6480 for assistance.

ABI/Stroke Drop-In Program

ABI Services invites you to come out on Wednesday afternoons for some fun and recreation. Come for an hour or come for two. We will be meeting in the Minto Bowl lounge to participate in activities like cards & board games and to get a little physical exercise using the Wii. Come out and interact with your peers. Meet new people and make new friends.

- Date: every Wednesday afternoon
• Time: 1:30 – 3:30 pm
• Location: Minto Bowl & Rec Centre (lounge area) 210 – 13th Street East, Prince Albert

*** Note change in location as of Oct 22/14

Coffee will be supplied. The program is free.

If lack of transportation is preventing you from attending, please contact Nicole at 765-6480 for assistance.

Local Brain Injury Support Groups

Tisdale – Contact: Shelley (306) 873-5420 or Andrea (306) 873-5617

