



MedStar Georgetown University  
Headache Center  
New Patient Packet



MedStar Georgetown  
University Hospital

*Knowledge and Compassion*  
**Focused on You**

## MedStar Georgetown Headache Center Rules for Phone Care

The MedStar Georgetown Headache Center is here to assist in the treatment of your headaches. Sometimes it can be hard to decide if your questions can be answered by phone, or if it is time for a sooner appointment.

Due to the large volume of phone calls received, we ask that you save any questions about your treatment plan for your follow up visits, and use phone care as a way to reach us only if you have an emergency.

We attempt to return medically related phone calls within 24-48 hours and ask that you **avoid calling multiple times in one day**, as this makes it harder for us to return calls.

Guidelines for phone calls:

### **Emergencies**

Go to the emergency room if:

- you have the worst headache of your life
- you are vomiting uncontrollably
- you have a new neurological symptom (loss of strength on one side, numbness on one side, vision loss, vertigo, etc...)

### **Urgent questions**

- Please call **202-444-8525**. Be prepared with the name of your provider, your date of birth, a phone number we can reach you at any time of day, and the nature of your call. The more information you give, the easier it will be for us to answer your call.
- Please be prepared to answer your phone if you are awaiting a response from our office, or it could be another 24 hours before you hear back from us.

### **Scheduling**

ALL appointments and scheduling related concerns should be handled over the SCHEDULING LINE (202-295-0540). If an appointment can't be scheduled within the time frame you feel is necessary to be seen, please request that they send a **message to the provider** and we can assist in getting you a sooner appointment. You may need to travel to a different location to be seen for an urgent appointment.

You need a sooner appointment if:

- you have a change in your headache (i.e. it is more severe or more often)
- you have questions about your treatment plan or your test results
- you would like to change the medications you are on



## Refills

- Please obtain all refills during appointments
- If you have not been seen in one year or more, make a follow up appointment prior to requesting a refill, or your refill request will not be completed.
- If a refill is needed prior to an appointment, please call 202-444-8525. It can take up to 10 days for us to complete the refill request. Please call your pharmacy to check if the refill was sent in. We will not call you when the refill is sent.



## MedStar Georgetown Headache Center How to keep a Headache Calendar

Keeping a calendar of your headaches will help you and your doctor in the care of your headaches.

Calendars will help identify:

- headache triggers
- if you are overusing medications
- if you are waiting too long to treat your headaches
- how many days a week you are having a headache
- if your headaches are decreasing with time while on a preventive medication.

How to keep an effective headache calendar:

### **Access**

- Keep a small calendar at your bedside. Do not feel that you have to complete the calendar during a headache, but having it in one location will make it easier to remember to fill in.
- Bring your calendar with you to every office visit to be reviewed with your doctor

### **Severity**

- When you have a headache or before you go to bed if you have daily headaches, log in the severity of your headache on a scale of 1-10 (10 being the worse)

### **Medication**

- log in what medication you took to abort your headache.
- you do not have to log your daily medications in the journal
- use abbreviations or symbols to help you fit everything in, just remember what they are when the doctor asks you what your symbols mean.

### **Triggers**

- if you can identify a trigger, write it in, if not, skip this part of the calendar.



## MedStar Georgetown Headache Center Headache Triggers

Almost anything can “trigger” or precipitate a headache. Research has shown that triggers are very individual to patients, and that no single entity acts as a trigger for all patients with headaches. Often, a trigger may not consistently provoke an attack. For example, drinking a glass of red wine the other day triggered a migraine, but it may not trigger a migraine 2 days later. Sometimes being exposed to multiple triggers is what is needed to bring on a headache attack (drinking a glass of red wine after a stressful day where you skipped lunch).

In patients who experience migraine headaches, their brain may be hypersensitive to changes in their internal and external environment. Following exposure to a sufficient trigger, their brain may respond by initiating a chain of electrical events that are clinically expressed as a migraine.

Some environmental changes more commonly trigger headache attacks. In a survey of 200 patients with migraine, the most commonly cited triggers were as follows:

- Physical or emotional stress (77%)
- Menses (72%)
- Exposure to bright or flickering light (65%)
- Various odors (61%)

Other commonly named triggers for headache are alcohol, aged cheeses, nitrate or monosodium glutamate containing food items, changes in weather pattern, changes in sleep cycles, and fasting<sup>1</sup>.

<sup>1</sup> Adapted from Rothrock J. “The Truth About Triggers”. Headache 2008;48:499-500.



## MedStar Georgetown Headache Center Tips for Migraine Control

Changes in your internal and external environment can trigger migraine headaches. It is important to control your environment the best you can. The following are some tips to help you regulate your internal environment and reduce the frequency of migraines.

1. **Good sleep habits are essential for good migraine control.** Try to get the same amount of sleep every night. Go to bed and wake up around the same time every day, including weekends.
2. **Reduce your caffeine intake.** Excessive caffeine can cause headaches, so try to use minimal amounts of caffeine every day. Remember, caffeine is found not only in coffee, but in soda and tea as well.
3. **Exercise daily.** Mild to moderate exercise for 20-30 minutes a day can help reduce the frequency of headaches by lowering your stress level, and increasing your body's natural endorphins.
4. **Eat regular meals.** Skipping meals can lead to a lowering in your blood sugar that can trigger a migraine. Keep snacks with you when you are travelling if you think you may miss a meal.
5. **Drink more water and less alcohol.** Keeping hydrated is essential for good health and migraine control. Alcohol can be a trigger for migraines, so drink alcohol in moderation.
6. **Limit medication use.** If you are using over the counter or prescription medication to treat 3 or more headaches a week, you may be causing a headache.
7. **Keep a headache calendar.** Note things that may trigger your headaches, like lack of sleep, weather changes, missed meals, stressful events, alcohol use, caffeine intake, or eating certain foods. Keep note of medications you are using to treat your headache. This will help you identify and manage triggers for your headache, track how often you are using medications, and give you a better sense of what things are working or not working for your headaches.



## MedStar Georgetown Headache Center Medication for headache control

Your doctor may prescribe medication to treat your headaches. For better control of headaches you may be placed on a *preventive medication* and to treat a headache attack you may be placed on an *abortive medication*.

### **Preventive medication to treat headaches**

A preventive medication is a medication that you take every day to help prevent headaches from occurring, to make headaches less severe when they do occur, and to make headaches more responsive to medication you take for an attack.

You are a candidate to be on a preventive medication when you are having one or more headaches a week, or if when your headaches occur they are so debilitating that you prefer to prevent them from happening.

There is no medication that is specially designed to prevent headaches. Instead, we use medications from three major classes of drugs:

**Anti-depressants-** such as nortriptyline, venlafaxine, and duloxetine

**Anti-seizure medications-** such as topiramate, depakote, and gabapentin

**Anti-hypertensive medications-** such as propranolol, verapamil, and lisinopril

Your doctor will interview you to assess what type of headaches you have, how often they are occurring, how debilitating they are, and what your other medical conditions and risk factors you have. Based on this profile, your doctor may choose to place you on a preventive medication that belongs in one of the classes above. This does not mean that you are depressed, have seizures, or high blood pressure.

Most preventive medications take 6-8 weeks before they reach maximum benefit. In this time you may experience some side effects of the medication without maximum relief. It does not take much time for headaches to become out of control and severe, but it takes time for the medication to work. While this may be frustrating, it is important to continue taking your medication to fully assess if it was helpful in treating your headaches.

### **Abortive medication to treat headaches**

An abortive medication is a medication that you take when you are having a headache attack. It can be a single medication, or a combination of medications to be taken at the start of a headache. It is important to treat a headache as soon as it begins; the longer you wait to treat, the less likely the medication will work to treat the headache attack. It is also important not to treat your headache more than 2-3 days a week because of the risk of medication overuse headaches.



There are many types of medications used to abort a headache. Some are specific for headache treatment, while others are used to treat the inflammatory response a headache creates, or to treat both headache and other associated symptoms (like nausea). We use medications from five major classes of drugs:

**NSAIDS**- such as ibuprofen, naproxen, diclofenac, etc...

**Triptans**- such as sumatriptan, rizatriptan, zolmitriptan, etc...

**Ergotamine**- such as DHE

**Antiemetics**- such as metochlopramide, Prochlorperazine, or promethazine

**Antipsychotics**- such as olanzapine or chlorperazine

After your interview, your doctor will prescribe you medication to treat headache attacks based on your diagnosis and risk profile. You may be given multiple medications to treat an attack, do not hesitate to ask to have your plan written for you so that you know what to do when you are having a headache attack.



## MedStar Georgetown Headache Center Headache Web Sites

### Patient Education

American Headache Society (AHS)

<http://www.americanheadachesociety.org>

Patient education material and headache journals

National Headache Foundation

<http://www.headaches.org>

Patient education material

National Migraine Association (MAGNUM)

<http://www.migraines.org>

Patient education material and news and publications on migraine.

Migraine Action Association

<http://www.migraine.org.uk>

Good education and support group training

Organization for the Understanding of Cluster Headache (OUCH)

<http://www.ouch-us.org>

Best sites devoted to cluster headache

### Relaxation

<http://www.helpguide.org>

On L side column choose Stress & Trauma, then relaxation. A good guide on different relaxation techniques.

Also tips for better sleeping on L side column choose sleep.

