

The Complete Headache Chart

Type	Symptoms	Precipitating Factors	Treatment	Prevention
Hangover Headaches	Migraine-like symptoms of throbbing pain and nausea not localized to one side.	Alcohol, which causes dilation and irritation of the blood vessels of the brain and surrounding tissue.	Liquids (including broth). Consumption of fructose (honey, tomato juice are good sources) to help burn alcohol.	Drink alcohol only in moderation.
Caffeine-Withdrawal Headaches	Throbbing headache caused by rebound dilation of the blood vessels, occurring multiple days after consumption of large quantities of caffeine.	Caffeine.	In extreme cases, treat by terminating caffeine consumption.	Avoiding excess use of caffeine.
Exertion Headaches	Generalized head pain of short duration (minutes to 1 hour) during or following physical exertion (running, jumping, or sexual intercourse), or passive exertion (sneezing, coughing, moving one's bowels, etc.).	10% caused by organic diseases (aneurysms, tumors, or bloodvessel malformation). 90% are related to migraine or cluster headaches.	Cause must be accurately determined. Most commonly treated with aspirin, indomethacin, or propranolol. Extensive testing is necessary to determine the headache cause. Surgery to correct organic disease is occasionally indicated.	Alternative forms of exercise. Avoid jarring exercises.
Post-Traumatic Headaches	Localized or generalized pain, can mimic migraine or tension-type headache symptoms. Headaches usually occur on daily basis and are frequently resistant to treatment.	Pain can occur after relatively minor traumas. Cause of pain is often difficult to diagnose.	Possible treatment by use of antiinflammatory drugs, propranolol, or biofeedback.	Standard precautions against trauma.
Hunger Headaches	Pain strikes just before mealtime. Caused by muscle tension, low blood sugar, and rebound dilation of the blood vessels, oversleeping or missing a meal.	Strenuous dieting or skipping meals.	Regular, nourishing meals containing adequate protein and complex carbohydrates.	Same as treatment.
Temporomandibular Joint (TMJ) Headaches	A muscle-contraction type of pain, sometimes accompanied by a painful "clicking" sound on opening the jaw. Infrequent cause of headache.	Caused by malocclusion (poor bite), stress, and jaw clenching.	Relaxation, biofeedback, use of bite plate. In extreme cases, correction of malocclusion.	Same as treatment.
Tic Douloureux Headaches	Short, jab like pain in trigger areas found in the face around the mouth or jaw. Frequency and longevity of pain varies. Relatively rare disease of the neural impulses; more common in women after age 55.	Cause unknown. Pain from chewing, cold air, touching face. If under age 55, may result from neurological disease, such as MS.	Anticonvulsants and muscle relaxants. Neurosurgery.	None.
Fever Headaches	Generalized head pain that develops with fever. Caused by swelling of the blood vessels of the head.	Caused by infection.	Aspirin, acetaminophen, NSAIDs, antibiotics.	None.

Arthritis Headaches	Pain at the back of head or neck. Intensifies on movement. Caused by inflammation of the blood vessels of the head or bony changes in the structures of the neck.	Cause of pain is unknown.	Anti-inflammatory drugs, muscle relaxants.	None.
Eyestrain Headaches	Usually frontal, bilateral pain, directly related to eyestrain. Rare cause of headache.	Muscle imbalance. Uncorrected vision, astigmatism.	Correction of vision.	Same as treatment.
Temporal Arteritis	A boring, burning, or jabbing pain caused by inflammation of the temporal arteries. Pain, often around ear, on chewing. Weight loss, eyesight problems. Rarely affects people under 50.	Cause is unknown. May be due to immune disorder.	Steroids after diagnosis. Confirmed by biopsy.	None.
Tumor Headache	Pain progressively worsens, projectile vomiting, possible visual disturbances speech or personality changes; problems with equilibrium, gait, or coordination; seizures. Extremely rare condition.	Cause of tumor is usually unknown.	If discovered early, treat with surgery or newer radiological methods.	None.
Tension-Type Headaches	Dull, non-throbbing pain, frequently bilateral, associated with tightness of scalp or neck. Degree of severity remains constant.	Emotional stress. Hidden depression.	Rest, aspirin, acetaminophen, ibuprofen, naproxen sodium, combinations of analgesics with caffeine, ice packs, muscle relaxants. Antidepressants if appropriate, biofeedback, psychotherapy. If necessary, temporary use of stronger prescription analgesics.	Avoidance of stress. Use of biofeedback, relaxation techniques or antidepressant medication.
Migraine without Aura	Severe, one-sided throbbing pain, often accompanied by nausea, vomiting, cold hands, sensitivity to sound and light.	Certain foods, the Pill or menopausal hormones, excessive hunger, changes in altitude, weather, lights, excessive smoking, and emotional stress. Hereditary component.	Ice packs; isometheptene mucate, combination products containing caffeine, ergotamine, DHE injectable and nasal spray, 5-HT agonists; analgesics or medications, which constrict the blood vessels. For prolonged attacks steroids may be helpful.	Biofeedback, betablockers (propranolol, timolol), anti-convulsant (divalproex sodium). Calcium blockers and NSAIDs may prevent or treat migraine headaches.
Migraine with Aura	Similar to migraine without aura, except warning symptoms develop. May include visual disturbances, numbness in arm or leg. Warning symptoms subside within one-half hour, followed by severe pain.	Same as migraine without aura.	At earliest onset of symptoms, treat using biofeedback, ergotamine, dihydroergotamine or a 5-HT agonist. Once pain has begun, treatment is identical to migraine without aura.	Prevent with same techniques as migraine without aura.

Cluster Headaches	Excruciating pain in vicinity of eye. Tearing of eye, nose congestion, flushing of face. Pain frequently develops during sleep and may last for several hours. Attacks occur every day for weeks/month, then disappear for up to a year. 80% of cluster patients are male, most ages 20-50.	Alcoholic beverages, excessive smoking.	Oxygen, ergotamine, sumatriptan or intranasal application of local anesthetic agent.	Use of steroids, ergotamine, calcium channel blockers and lithium.
Menstrual Headaches	Migraine-type pain that occurs shortly before, during, or immediately after menstruation or at mid-cycle (at time of ovulation).	Variances in estrogen levels.	Same treatment as migraine.	Small doses of vasoconstrictors and/or anti-inflammatory drugs before and during menstrual period may prevent headaches. Hysterectomy does not cure menstrual headaches.
Hypertension Headaches	Generalized or "hairband" type pain, most severe in the morning. Diminishes throughout day.	Severe hypertension: over 200 systolic and 110 diastolic.	Treat with appropriate blood pressure medication.	To prevent, keep blood pressure under control.
Aneurysm	Symptoms may mimic frequent migraine or cluster headaches, caused by balloon-like weakness or bulge in blood-vessel wall. May rupture (stroke) or allow blood to leak slowly resulting in a sudden, unbearable headache, double vision, rigid neck. Individual rapidly becomes unconscious.	Congenital tendency. Extreme hypertension.	If aneurysm is discovered early, treat with surgery.	To prevent, keep blood pressure under control.
Sinus Headaches	Gnawing pain over nasal area, often increasing in severity throughout day. Caused by acute infection, usually with fever, producing blockage of sinus ducts and preventing normal drainage. Sinus headaches are rare. Migraine and cluster headaches are often misdiagnosed as sinus in origin.	Infection, nasal polyps, anatomical deformities, such as a deviated septum, that block the sinus ducts.	Treat with antibiotics, decongestants, surgical drainage if necessary.	None.
Allergy Headaches	Generalized headache. Nasal congestion, watery eyes.	Seasonal allergens, such as pollen, molds. Allergies to food are not usually a factor.	Antihistamine medication; topical, nasal cortisone related sprays or desensitization injections.	None.

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