

What Type of Headache Do You Have?

Understanding the different types of migraine and headaches



Migraine is more than a headache, but it can be difficult to compare symptoms and figure out if you're dealing with migraine or another headache disorder. For example, migraine is different from headache because attacks are accompanied by other symptoms such as nausea and light sensitivity. It's important to have a clear diagnosis so you can get the care you need and learn how to manage your disease.

In general, headaches are divided into two main categories; primary and secondary. In simple terms, a primary headache means that the headache itself is the problem. These are "benign" headaches with no serious underlying issues causing the pain and associated symptoms. This does not mean that the pain and disability experienced with these conditions are not serious, but rather that there is no major illness that's causing them to occur. Secondary headaches, on the other hand, are the result of an underlying cause, such as a tumor, infection, stroke, medication or injury.

Recognizing what type of headache you have is important for determining treatment and ongoing care. The disorders described below are all primary headaches.

Migraine With Aura

About a quarter of people who experience migraine also experience aura. Auras can take the form of changes in vision that range from seeing sparkling lights, bright dots or zig zag lines, sometimes with areas of blindness, or they may involve tingling on one side of the body or the inability to speak and understand clearly.

Aura usually sets in before the headache phase of a migraine attack and can last anywhere from five to 60 minutes. Aura is the second of migraine's four stages, and anyone who experiences it will confirm it is an unmistakable warning sign that severe head pain is on its way.

Migraine Without Aura

About 70% to 75% of patients with migraine do not experience aura. Instead, their symptoms include pulsing or throbbing pain (like a heartbeat) on one or both sides of the head, together with sensitivity to light and sound (photophobia and phonophobia) and/or nausea and vomiting. Untreated, or incorrectly treated, an attack of migraine can last from four hours to three days. A diagnosis is reached by reviewing a patient's personal and family medical history, studying symptoms and conducting a general and neurological examination.

Typical Aura Without Headache

Aura is a recurrent attack that features temporary visual, sensory and/or speech/language symptoms that last between 5 and 60 minutes. Typical aura without headache, also called silent migraine, is a migraine aura that lacks the accompanying headache. The aura symptoms also usually happen before migraine symptoms, like nausea and sensitivity to light and sound, appear.

Retinal Migraine

Patients with retinal migraine experience visual symptoms ranging from kaleidoscope-like changes and areas of greyed out vision to complete loss of vision. The symptoms typically evolve over minutes and last 5-60 minutes. Unlike visual symptoms with migraine with aura, retinal migraine symptoms are only in one eye. Because they are rare, and because similar symptoms may accompany a more serious illness, if you experience these one-sided vision changes, you should have your eyes checked as soon as possible.

Chronic Migraine

More than 4 million American adults live with chronic migraine—meaning they experience 15 or more headache days per month for more than three months with at least eight of those headache days being a typical migraine attack. Chronic migraine often appears in people whose less frequent episodic migraine has worsened, so addressing risk factors early can help prevent a patient's migraine transforming into chronic.

Hemiplegic Migraine

Hemiplegic migraine is an extremely rare form of migraine that typically, but not always, runs in families. Patients will experience weakness on one side of their body in addition to other migraine symptoms such as aura and a “pins-and-needles” feeling. Hemiplegic migraine doesn't always include severe head pain.

Tension-type Headache

Tension-type headaches occur in about three-quarters of the general population. They commonly last from 30 minutes to seven days, and can range from the occasional mild headache to daily disabling headaches. The pain is commonly felt on both sides of the head and is often described as “a band around the head” or vice-like. In contrast to common migraine symptoms, a tension-type headache is not accompanied by nausea or vomiting. However, it may occur with increased either sensitivity to light or sound. Some people experience tenderness of the head and muscles.

The pain is generally mild to moderate and is not worse with routine physical activity, which means that most people with tension-type headache continue their normal daily activities despite their headache.

Hemicrania continua

Hemicrania continua always involves pain on only one side of the head, although it (very rarely) can switch sides. This type of headache is accompanied by a variety of symptoms including tearing, redness of the eye, eyelid drooping, sweating or a runny nose or congestion on the side of the head pain. For those with hemicrania continua, the pain is present 24 hours per day, seven days per week and continuously for at least three months, although the severity of the pain varies over the course of the day.



Cervicogenic Headache

Cervicogenic headache is referred pain (pain that feels like it's occurring in a part of the body other than its true source). For example, the pain comes from a source in the neck and is typically felt on one side of the head. People with cervicogenic headache often have a limited motion in their neck and worsening of their headache with certain neck movements or pressure.

Pinpointing the type of headache you're experiencing can be complicated. To ensure an accurate diagnosis, it is best to talk to a healthcare professional, whether your primary care doctor, a neurologist or a headache specialist. One of these providers should be able to prescribe the most appropriate treatment for your headache.



Ice Pick Headache

Ice pick headaches, also known as primary stabbing headaches, come on suddenly and deliver intense, sharp pain. They're short—usually lasting five to 30 seconds—but incredibly painful and can recur multiple times in a day. These stabbing pains are not accompanied by other symptoms. Stabbing headaches can be primary (they can occur on their own, or in patients who also have migraine or cluster headaches) or secondary. If ice pick headaches develop for the first time after age 50, you should be evaluated by your doctor.

Cluster Headache

Cluster headaches are the most severe of all the headache disorders. They cause excruciatingly severe attacks of one-sided head pain, typically in, around or behind one eye. The pain can spread into the neck or upper teeth at times. During these painful episodes, which last 15 minutes to three hours each, the eyelid on the side of the pain may droop, the eye may become red or tear and that nostril may become stuffed or run uncontrollably. Patients experiencing a cluster attack usually feel restless or agitated and often feel the need to rock or pace with an attack.

The term cluster is given to this disorder because headaches occur in a group or cluster of attacks that recur up to eight times per day for several months at a time.

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The mission of the American Migraine Foundation is to mobilize a community for patient support and advocacy, as well as drive and support impactful research that translates into advances for patients with migraine and other disabling diseases that cause severe head pain. Visit americanmigraine.org for more resources for people living with migraine and their supporters.

American Migraine Foundation
19 Mantua Rd. Mount Royal, NJ 08061
P: 856.423.0043 E: amf@talley.com

