Managing Headaches in Inpatient Psychiatry

Last updated June 2024

Introduction

Headaches are common in inpatient psychiatry. This guide will help you to distinguish potentially life-threatening headaches from chronic headaches, provide advice on the psychiatric-headache intersection, and discuss treatment options that might address both psychiatric conditions and headaches.

How to Distinguish Different Types of Headache

- **Migraine:** Typically unilateral, pulsating or throbbing pain; often accompanied by nausea and light sensitivity; worsens with physical activity; may include aura (visual disturbances, sensory changes, speech difficulties).
- **Tension Headache:** Presents as a dull, constant pressing pain on both sides of the head. Unlike migraines, these headaches don't throb and there's no nausea.
- **Medication Side Effect Headache:** Typically a dull headache, similar to tension headaches, that started after a new medication or a change in dose, with the most common culprits being antidepressants, especially bupropion and escitalopram.
- **Emergency/Life-Threatening:** A sudden, severe headache, often described as the worst headache ever felt (a "thunderclap"), warrants immediate action. This could signal something serious like a subarachnoid hemorrhage or meningitis. Obtain immediate medical consultation.

Interaction Between Headaches and Psychiatric Disorders

- **Comorbidity**: Migraine is very common in both mood disorders and anxiety disorders.
- **Psychological Impact of Headaches:** Migraine pain and associated symptoms like photophobia can exacerbate depression and anxiety. The unpredictability of a migraine attack can escalate anxiety, and the constant pain leads to a sense of helplessness and depression.
- **Psychiatric Triggers of Headache.** Stress and anxiety can trigger or worsen headaches. Also, depression might make patients less responsive to headache treatments due to poor adherence to the medication regimen.
- **Substance Use Disorders:** These can complicate headache management, as substances like alcohol can induce headaches during withdrawal or contribute to chronic headache conditions.

Medications for Headache and Their Psychiatric Implications

Navigating the medication maze is crucial in ensuring that treatment for headaches doesn't throw psychiatric treatments off balance:

- **Analgesics:** Acetaminophen 325 mg to 650 mg PRN or ibuprofen 200 mg to 800 mg PRN are effective. To abort severe headaches opiate agonists are sometimes used, eg., hydrocodone/acetaminophen (Vicodin), but this is considered a last resort due to potential for dependency.
- **Triptans:** Effective specifically for aborting migraines, eg., sumatriptan 25 mg-50 mg as needed at first sign of a migraine. In the past there were warnings about serotonin syndrome with combination of triptans and SSRIs, but several large studies have debunked this concern (Orlova Y et al, *JAMA Neurol* 2018;75(5):566–572).
- **Combinations meds:** Many patients swear by Fiorinal, 1 to 2 caps PRN, which is a combination of butalbital (sedative), aspirin (analgesic), and caffeine (vasoconstrictor). But overuse often leads to rebound headaches.

- **Newer medications:** There are many new migraine medications and devices that have been approved recently. As a psychiatrist you won't be expected to keep up with these new treatments, but they are listed here so you can understand why some of your patients are taking these meds.
    - Calcitonin gene-related peptide (CGRP) receptor blockers, collectively known as Gepants (ubrogepant, rimigepant, atogepant). Generally used as abortants especially for patients who can't take triptans.
    - Lasmiditan is similar to triptans (aborts migraines) but has fewer side effects.
    - Monoclonal antibodies for migraine prevention, including erenumab (Aimovig), fremanezumab (Ajovy), galcanezumab (Emgality), and eptinezuman (Vyepti). Expensive, but a game-changer for people with migraines.
    - Portable neurostimulation devices. Several portable devices are available that stimulate various nerves to inhibit migraine attacks. Names of these devices include Cephaly, Relivion, Nerivo, and SAVI-Dual (a portable TMS device).
- **Medications for both headache and psychiatric disorders:**
    - **Antidepressants. Tricyclic antidepressants,** especially amitriptyline and its metabolite nortriptyline, have the best evidence for migraine treatment among antidepressants. **SNRIs**, such as venlafaxine and duloxetine, are also effective in the higher dose range. **SSRIs, bupropion, and mirtazapine** don't help with migraines but are effective for tension headaches.
    - **Valproic acid** is FDA approved for both bipolar disorder and migraine so it can be a good "twofer" for some patients.
    - **Topiramate** is effective for migraine and better tolerated than valproic acid. In psychiatry, it's often used for alcohol use disorder, weight loss, and as an adjunct to mood stabilizers.
    - **Beta blockers** are effective for both migraine prevention and social anxiety, eg., propranolol starting at 40 mg BID.
    - **Dopamine blockers** can help with acute migraine, especially if there's prominent nausea. Try promethazine (Phenergan) 25 mg PRN or prochlorperazine (Compazine) 10 mg PRN. Chlorpromazine (Thorazine) 25 mg to 50 mg is also used for severe migraine.
- **Headache Meds That Help Psychiatric Conditions:** On the flip side, certain migraine treatments can alleviate psychiatric symptoms. For instance, onabotulinumtoxinA (Botox), while primarily for chronic migraines, has shown benefits in treating depression.
- **Psychiatric meds that can make headache worse:** Trazodone produces a metabolite that can cause migraine-type headaches. Also avoid the other "azodones"—nefazodone and vilazodone.

Psychological Treatments

- **Relaxation Techniques:** Introduce patients to relaxation techniques, including deep breathing exercises, which can help reduce the frequency of headaches.
- **Cognitive Behavioral Therapy (CBT):** Helps patients understand the stress-headache connection and develop coping strategies.
- **Mindfulness and Acceptance Therapies:** These therapies aid patients in accepting their pain and reducing the psychological distress associated with chronic headaches.

Lifestyle Interventions

- **Education on Habits:** Inform patients about the benefits of maintaining regular sleep patterns and staying well-hydrated. Help them identify their headache triggers, which may include caffeine, alcohol, and sensory stimuli like bright lights or strong smells.
- **Medication Use Awareness**: Educate patients on the risks associated with the regular, long-term use of headache medications, especially analgesics and triptans. Explain that overuse can paradoxically increase the frequency and severity of headaches.