

# When a Headache Might Be More than Just a Headache

**H**eadache is one of the most frequently cited medical complaints of modern society, affecting virtually every person during their lifetime. Each year more than five percent of the U.S. population will seek medical attention for headache.

Most recurrent headaches are symptomatic of a chronic primary headache disorder, which occur without an underlying cause and include migraine, tension type, cluster, and miscellaneous headaches (e.g., benign exertional headache). Secondary headaches always have a direct underlying cause (e.g., subarachnoid hemorrhage, brain tumor, meningitis, carotid dissection), some of which can be life-threatening.

How do you decide that a headache is more than a regular headache and should be investigated to rule out a more dangerous variety of secondary headache—such as a brain tumor?

## Signs of an underlying cause

In general, the presence of focal neurological deficits dramatically increases the potential for a secondary headache disorder.

Headaches are the most common symptom produced by intracranial tumors, present in two-thirds of patients with gliomas. When the headache begins to affect the patient, it is typically somewhat different than their usual, more common headache disorder, and then slowly worsens over time. The headache usually occurs in the frontal or vertex region, but may be more diffuse.

Headaches may be most severe in the morning. However, morning headache is not specific only to brain tumors, since patients with migraines can also develop this pattern. Brain tumor-related headache pain is usually of moderate to severe intensity and will often last for hours at a time. The intensity of pain may be increased by coughing, sneezing, straining, or other maneuvers that increase intrathoracic (and consequently intracranial) pressure.

In the majority of patients with intracranial neoplasms, the headaches are progressive in frequency and intensity and are more resistant to analgesics than prior non-tumor-related headaches. Nausea and emesis are present in one-third of patients with intracranial tumors—often occurring in the morning—and are not always correlated with headaches.

## When to investigate

Patients with a new type of severe headache, headaches that are progressively getting worse, and headaches that seem very persistent and refractory to treatment, should all be investigated in more detail with a screening cranial CT scan or MRI scan to rule out a mass or brain tumor. In addition, any patient with focal findings on the neurological examination, in the setting of persistent and escalating headaches, should undergo a CT or MRI.

## REFERENCES:

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