

Headaches

Headaches are common and there are many causes. The most common type of headache is pain from tense muscles in the head, neck, or shoulders (muscle tension headaches).

These are usually of little consequence to the Life underwriter. Severe headaches of recent onset may be due to serious medical conditions such as brain tumor, hypertension, arthritis, aneurysms, bleeding inside the skull, and stroke.

The most common types of severe headaches encountered by the underwriter are migraine and cluster. A cluster headache is excruciating pain near one eye. The eye may become red and watery with a runny nose. The cause is unknown. They are more common in men than women. They tend to come in cyclical near-daily clusters (often at night) with each headache lasting 30 minutes to 3 hours. After a cluster stops, the sufferer may be symptom-free for long periods of time. Treatment includes oxygen inhalation and Sumatripan. Migraine headaches, like cluster headaches, tend to be unilateral (one-sided) though not always. They are due to altered levels of a chemical called serotonin. They can be associated with nausea and vomiting, irritability, stuffy nose, tender scalp intolerance of light, sound or smell, confusion, sweats, etc. They can also be associated with neurological symptoms such as visual disturbances, temporary paralysis, and loss of speech, making them difficult at times to distinguish from transient ischemia attacks or small strokes. Migraines are more common in women than men. They can be triggered by menses, birth control pills, activity including sexual activity, changes in weather, stress, fasting, etc. Many foods can trigger migraines as well, such as red wine and aged cheese. Many drugs are available to both treat acute migraines and to prevent them.

If your client has headaches, please answer the following:

1. Please list date when first diagnosed:

2. What type of headache was diagnosed?

Migraine _____

Cluster _____

Tension _____

Other _____

3. Was your client incapacitated from work due to the headache?

If yes, when and for how long?

4. Please describe frequency of attacks:

5. Please give date of most recent attack:

6. Is your client on any medications?

If Yes (Please give details)

7. Has your client smoked cigarettes or used any other form of tobacco in the last 5 years?

If Yes please give details. _____

8. Does your client have any other major health problems (ex: heart disease, etc.)?

If Yes (Please give details)
