

Headache Help: Q&A with Hossein Ansari, MD

By Christina Johnson | August 25, 2015

Headaches are the most common pain issue brought to physicians and a major reason cited for missed work and school days. Although most headaches are benign, some headaches are disabling enough to compromise a person's ability to work, socialize and exercise. The financial burden of headaches on the afflicted is currently believed to be greater than that of diabetes, asthma or high blood pressure.



Migraines are also now viewed as a progressive disease which, like heart disease or high blood pressure, may worsen and become more difficult to treat over time. [Hossein Ansari, MD](#), a board-certified neurologist who specializes in diagnosing and treating headaches and facial pain, talks about how to differentiate a migraine from an ordinary headache and potential treatments.

Question: What is a migraine?

Answer: A migraine is a complex neurologic disease with a genetic basis and is not synonymous with a severe headache. Migraine sufferers may experience symptoms we call aura without ever having headaches. Aura symptoms can be visual (e.g., seeing dots and lines) or sensory (e.g., numbness on the cheeks, arms or legs) or speech-related.

Q: What are some symptoms suggesting that I should seek medical help for my headaches?

A: Individuals should seek immediate referral to a neurologist, preferably a headache specialist, if they experience any of the following: a stiff neck or fever with a headache or a headache that gets worse when lying down; constant numbness, dizziness, weakness or difficulty with speech; confusion, drowsiness or loss of consciousness with headaches; headaches for the first time after age 50 or "the worst headache of your life." Those who develop headaches while on an immunosuppressant, such as chemotherapy or steroids, should also seek immediate help from a neurologist.

Q: What is known about the relationship between foods and fasting in triggering migraines? What about alcoholic beverages?

A: Artificial sweeteners, nitrates (often found in processed meats) and MSG can induce migraines. Most migraine triggers assumed to be food-related, though, are actually part of the migraine itself. By this I mean that before a headache begins, a person may experience food cravings or aversions. Fasting and alcohol, particularly red wine, can also trigger migraines.

Q: What can I do to prevent migraines?

A: We recommend regular, light exercise at least three days a week. Yoga, tai-chi and other mind-body practices are particularly beneficial. Multiple studies show that migraines often become chronic among overweight individuals. For this reason, attaining or maintaining a healthy, normal weight is critical. Drinking plenty of fluids, avoiding stress and getting adequate sleep are also important.

Q: How do you differentiate a sinus headache from a migraine?

A: Headache specialists consider the term sinus headache a misnomer. Most persons who think they have sinus headaches actually suffer from migraines.

Q: What about hormone fluctuations and migraines?

A: Hormonal fluctuations associated with the menstrual cycle can bring on migraines. Hormone therapies that regulate estrogen levels can avert attacks. Women who have migraines with aura should avoid certain birth control pills to prevent an increased risk of stroke.

Q: What are the most promising investigational treatments in the pipeline?

A: The most promising interventional treatment is a surgical procedure known as a migraine trigger point deactivation surgery. There is also a new drug on the horizon – a calcitonin gene-related peptide (CGRP), long postulated to play a key role in the pathophysiology of migraines – that has shown promise in preclinical and clinical trials.

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