



FACT SHEET

Brain Injury & Headaches

***Do you
have
trouble
with
headaches
since
your
brain
injury?***

What does this mean?

Headaches are one of the most common symptoms after traumatic brain injury (often called “post-traumatic headache”). Over 30% of people report having headaches which continue long after injury.

Why are headaches common after a brain injury?

Headaches after a traumatic brain injury can be long-lasting, coming and going even past one year. Headaches can make it hard for you to carry out daily activities or can cause you to have more difficulty thinking and remembering things. Right after a severe traumatic brain injury, people may have headaches because of the surgery on their skulls or because they have small collections of blood or fluid inside the skull. Headaches can also occur after mild, moderate, or severe injury and after the initial healing has taken place. These headaches can be caused by a variety of conditions, including a change in the brain caused by the injury, neck and skull injuries that have not yet fully healed, tension and stress, or side effects from medication.

Common types of headaches:

Migraine, tension-type, cervicogenic, and rebound headaches.

Recommended strategies:

- ◆ Get enough sleep.
- ◆ Get daily exercise.
- ◆ Avoid caffeine.
- ◆ Avoid certain foods that may trigger a headache, like red wine, monosodium glutamate (MSG, a common food additive) or certain cheeses.
- ◆ Avoid taking pain medicines on a daily basis unless your health care provider prescribes it.

Common types of treatment for occasional headaches include:

- ◆ Over-the-counter pain medicines like Acetaminophen (Tylenol®) or ibuprofen, prescription medicines for migraine headache like sumatriptan (Imitrex®).
- ◆ Relaxation therapy/meditation, stretching, acupuncture, therapeutic massage, heat/ice packs.
- ◆ Biofeedback therapy or local injections.

Treatments for recurrent headaches that happen more than twice a week:

- ◆ Your physician may prescribe antidepressants, antiseizure medicines, certain blood pressure medications, or botulinum toxin (Botox) injections.

Sources: IU School of Medicine / Rehabilitation Hospital of Indiana TBI Model Systems. Further, the information in this FACT SHEET is also based on a consensus of expert opinion of the Rehabilitation Hospital of Indiana Departments of Neuropsychology and Resource Facilitation.

Disclaimer: This information is not meant to replace advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatments.

RHI Resource Facilitation Department
9531 Valparaiso Court • Indianapolis, Indiana 46268
Tel: (317) 329-2455 | Fax: (317) 872-0914