

Eye Doctors And Types Of Headaches

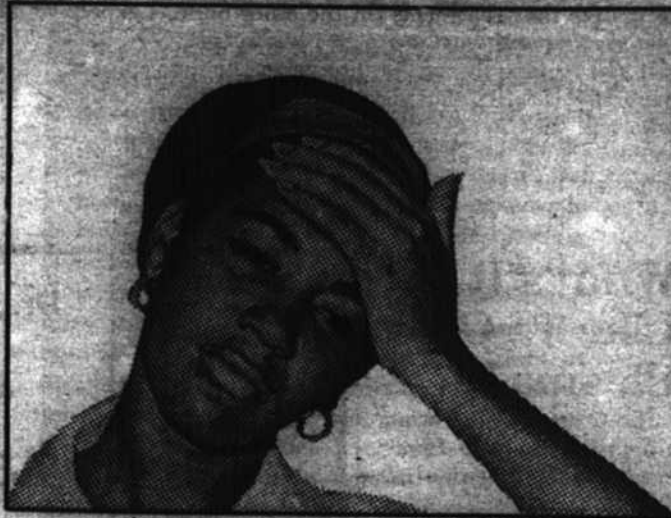
By Dr. Raleigh Bynum

Optometrists must be aware of the various implications of the different types of headaches in order to best serve their patients. Eye doctors dealing with patients complaining of headaches must rule out optometric problems, determining the type of headache and the mechanism causing it, and perform an examination that will assist the next doctor in evaluating the patient if referral is necessary. A key point for the doctor to remember is that finding an ocular abnormality in a headache does not necessarily establish causality. Eye care practitioners should be aware of the various mechanisms that can trigger headaches and be able to differentiate between those that are trivial and those that are significant. The primary mechanisms that cause headaches include muscle contractions, dilation of vessels on the surface of the brain, traction on vessels by expanding masses, and inflammation or dysfunction of extracranial structures, such as the eyes, sinuses, ears, and cervical spine.

I prefer the term "muscle contraction headaches" as opposed to tension headaches when speaking of the first type, and always use the latter term when talking with the patient. Muscle contraction pain or tension headaches usually produce a dull ache, are usually located in the back of the head, and are symmetrical, bilateral process that occurs after activity or stressful circumstances. It is usually relieved by massage and heat.

A migraine is a vascular headache due to dilation of the blood vessels and is unilateral, characterized by pulsating or throbbing. If you suspect this type of headache, it is important to establish a preceding neurologic event such as an increasing blind spot - or recognize a nausea component. Women are more prone to this type of headache, and there may be a history of motion sickness in early childhood.

Traction headaches can be caused by traction pulling on the vessels by mass lesions such as brain tumors that cause increased pressure in the brain and traction on the vessels. This is considered the most significant headache, because pain from a traction headache can be surprisingly mild but it can be progressive and is most likely to occur at



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night or upon awakening. There can be changes in behavior, neurologic deficits, visual fields defects, or abnormalities in vision or double vision.

A sinus headache is often described as a dull aching, is worse in the morning and improves with erect posture. The headache is made worse by cold weather, bending over, or shaking of the head and is often alleviated by taking nose drops. The eye practitioner when checking you should check for inflammation of the eye and lid.

Your eye doctor should be concerned with the elderly patient complaining of a soreness in the temporal areas who describes headache pain as a severe throbbing, stabbing, or burning. This suggests a vascular inflammation of the vessels in and around the head. If unrecognized, it can progress to neuropathy and irreversible blindness. It is, however, an uncommon but not rare condition.

The optometrist's responsibility lies not only in ruling in or out visual correctable causes of headaches, but also in identifying patients at risk for having another type of headache and referring them for further testing and confirmation.

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