Posttraumatic headache: old problems, new vistas

Posttraumatic Headache (PTH) is the most frequent symptom out of the ones defined in the Posttraumatic Syndrome, affecting between 30 and 90% of the patients who have suffered a head trauma (HT), being especially frequent after mild head trauma. Today, according to the IHS criteria, are considered PTH headaches which appear in the two first weeks after a HT. In the process of the revision of the diagnostic criteria of the IHS that is being carried out, the restriction of the time of appearance down to one week after HT or regaining consciousness or memory is being thought about, in order to improve the specificity of the criteria, even though sensitivity would decrease.

Headache usually is characterised by a dull-pressing pain, holocelafal, band-like or helmet-like or nuchocelal and seldom episodic and often continuous; this clinical features are identical to those of primary tension-type headaches and occur in around 90% of the patients with PTH. However, the clinical features of PTH can overlap with those of the other headache disorders, being able to appear also as a migraine, cluster or cervicogenic headache.

The exact pathophysiology of PTH is unknown. Different mechanisms are likely to play a role in PTH: pain impulses generated from nociceptive afferents in stretched structures of the neck and head or inhibition of anti-nociceptive mechanisms are among the most frequently implicated factors. In the

The Migraine Association of Ireland

The main aim of the association is to provide information, support and reassurance to headache and migraine sufferers in Ireland. This is achieved by providing a Helpline service for sufferers of migraine. Callers to the helpline are assured of confidentiality and support. Information is available to assist the migraineur in learning to manage life with migraine. Information leaflets, booklets and diaries are some of the tools produced by the Association to enable migraineurs to manage their migraine.

- To support research into the condition of Migraine.
- To support the Headache/Migraine Clinic Beaumont Hospital, Dublin. An exciting development in these investigations has led to another research project which will be funded in part by the Association.
- To raise awareness of the condition in the general population and in the population of the health professionals in particular.

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Note
Final programme available shortly at: www.ehf.ws

6th European Headache Federation Congress

26-30 June 2002
Istanbul - Turkey
Main Themes

- Case Study based teaching course
- Challenging neurovascular headache syndromes
- Migraine and the Human Genome
- Neglected causes of head and facial pains
- Paediatric headache & Burden of headache

Information: www.6thehf.org

EHF Summer School 2002

26-30 August 2002
Vilnius - Lithuania
Main Themes

- Acute and chronic primary headaches: pathophysiology, treatment guidelines
- Symptomatic headache and its treatment

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Thanks to an unrestricted educational grant from Pfizer, there will be a limited number of bursaries to Vilnius offering reduced-rate or free registrations for those who could not otherwise attend.

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chronic PTH (more than three months after HT) the social and psychological factors play an important role in the prolongation of the symptoms. The treatment of PTH depends on the type and duration of the headache.

It is still very important to carry out more case-control studies to properly define the temporal window of PTH and determine the risk factors that condition the development of headache after HT in order to reduce this complication.

MJA Láinez (Valencia)