

Coping with chronic daily headache

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Most people have headaches from time to time. But if you have a headache more days than not, you may be experiencing a variety of head pain known as chronic daily headaches.

The most common type of chronic daily headaches is divided into four subtypes:

- Chronic migraine
- Chronic tension-type headache (TTH)
- New daily persistent headache
- Hemicrania continua

The incessant nature of chronic daily headaches makes them among the most disabling headaches. Aggressive initial treatment and steady, long-term management may reduce pain and lead to fewer headaches.

Causes

The causes of chronic daily headaches are not well understood. Some may be caused by various underlying diseases or conditions, including inflammation or other problems with the blood vessels in and around the brain, infections, such as meningitis, intracranial pressure that's either too high or too low, pinched nerves in the neck, brain tumor, traumatic brain injury etc.

In most cases, however, chronic daily headaches do not have an underlying physical cause. They may occur if you develop a heightened response to pain signals or if the part of

your brain that suppresses pain signals is not working properly. Many people who have chronic daily headaches are actually experiencing a rebound effect from taking pain medication too frequently. If you are taking pain medications — even over-the-counter analgesics — more than two days a week, you are at risk of developing rebound headaches.

Risk factors

Chronic daily headaches are more common in women than in men. Various factors may increase the risk of developing chronic daily headaches, including anxiety, depression, sleep disturbances, obesity, snoring, overuse of caffeine, overuse of pain medication.

When to seek medical advice

Occasional headaches are common. But it is important to take headaches seriously. Consult your doctor if you usually have three or more headaches a week; you take a pain reliever for your headaches every day or almost every day; you need more than the recommended dose of over-the-counter pain remedies to relieve your headaches; your headache pattern changes; your headaches are getting worse.

Seek prompt medical care if your headache is sudden and severe; accompanies a fever, stiff neck, rash, confusion, seizure, double vision, weakness, numb-



ness or difficulty speaking; follows a head injury; gets worse despite rest and pain medication.

If you have chronic daily headaches, you are also more likely to experience depression, anxiety, sleep disturbances, and other psychological and physical problems.

Prevention

Taking good care of yourself can help prevent chronic daily headaches.

- Avoid headache triggers.** If you are not sure what triggers your headaches, keep a headache diary. Include details about every headache. When did it start? What were you doing at the time? What did you eat that day? How did you

sleep the night before? What is your stress level? How long did the headache last? What, if anything, provided relief? Eventually, you may begin to see a pattern — and be able to take steps to prevent future headaches.

- Get enough sleep.** Go to bed and wake up at the same time every day — even on weekends. If you're not tired at bedtime, read or watch television until you become drowsy and fall asleep naturally.
- Don't skip meals.** Start your day with a healthy breakfast. Eat lunch and dinner at about the same time every day. Avoid any food or drinks, such as those

containing caffeine, that seem to trigger headaches.

- Exercise regularly.** Physical activity causes your body to release chemicals that block pain signals to your brain. With your doctor's OK, choose activities you enjoy — such as walking, swimming or cycling. To avoid injury, start slowly.
- Stop smoking.** Smoking can trigger chronic migraine and chronic tension-type headaches. Higher levels of nicotine are also associated with increased anxiety and depression.
- Reduce stress.** Get organised. Simplify your schedule. Plan ahead. Stay positive.
- Relax.** Try yoga, meditation or relaxation exercises. Set aside time to slow down. Listen to music, read a book or take a hot bath.

Coping skills

Chronic daily headaches can interfere with your job, your relationships and your quality of life. But you can cope with the challenges.

- Take control.** Commit yourself to living a full, satisfying life. Work with your doctor to develop a treatment plan that works for you. Take good care of yourself. Do things that lift your spirits. Set aside time for your loved ones — and yourself — every day.
- Seek understanding.** Don't expect friends and loved ones to instinctively know what's best for you. Ask for what you need, whether it is time alone or less attention

focused on your headaches.

- Check out support groups.** When your head is throbbing, companionship may be the last thing on your mind — but perhaps it is just what you need. A support group can put you face to face with people who share your physical symptoms and emotional responses. You may learn useful coping strategies — or help others by sharing some of your own.
- Consider counseling.** A counselor or therapist can help you manage stress and maintain your emotional balance. Through therapy, you can learn to change behavior that is not good for you and reinforce behavior that's helping you manage your headaches.

Complementary and alternative therapies
For many people, complementary or alternative therapies offer welcome relief from headache pain. It is important to be cautious, however.

Not all complementary or alternative therapies have been studied as headache treatments, and others need further research. They include acupuncture, biofeedback, meditation, massage, herbs, vitamins and minerals, chiropractic care, injection of botulinum toxin and so on.

If you would like to try a complementary or alternative therapy, discuss the risks and benefits with your doctor.

New CPR method boosts survival from cardiac arrest

REUTERS, Chicago

More people can survive a cardiac arrest when emergency medical workers use a new resuscitation method that starts with a round of 200 chest compressions before a defibrillator shock, US researchers said.

Rescue teams in Arizona who used the new approach on people who had a cardiac arrest outside the hospital tripled the survival rate of the standard approach.

"Cardiac arrest is incredibly common and survival is poor," said Dr Bentley Bobrow, medical director for emergency services for the state of Arizona and a researcher at the Mayo Clinic in Scottsdale.

The new resuscitation method, which is not intended for bystanders, increases blood flow to the heart and brain when the heart stops pumping blood.

"Even if you could improve survival by a few percentage points, you will save thousands of people across the country," said Bobrow, whose study appears in the *Journal of the American Medical Association*.

For bystanders, the most important thing is to give chest compressions while waiting for an ambulance, many experts say.

Cardiac arrest occurs when the heart stops circulating blood. Most often, people with cardiac arrest have a type of heart rhythm known as ventricular fibrillation, in which the heart quivers but does not pump blood.

If no shock is delivered in the first four minutes of this deadly rhythm, the heart stops altogether and it becomes much harder to get it restarted. During this phase, old-fashioned chest compressions can help push blood back into the heart, making it more likely to

restart.

Waiting to defibrillate

As most emergency teams do not arrive on the scene in that critical first four minutes, the new resuscitation approach calls for a round of 200 chest compressions given in the first two minutes to improve the odds that the heart will restart.

"Traditionally, we've told them to defibrillate right away. When they do that, the patient dies frequently," Bobrow informed.

In 2004, only 3 percent of people in Arizona who had a cardiac arrest outside of a hospital survived.

Bobrow wanted to improve those odds. He and colleagues studied the use of minimally interrupted cardiac resuscitation, a highly choreographed method of CPR for emergency medical workers that is also called cardiocerebral resuscitation.

After the first 200 compressions, the victim gets a shock, then another worker jumps in and gives another set of 200 chest compressions. At that point, they may give a shot of epinephrine to stimulate the heart, and then insert a tube into the trachea to ventilate the lungs.

The approach is focused on continuously pumping blood to the heart and brain. Bobrow's team trained emergency workers in two city fire departments in the state, then compared the survival data before and after in 886 patients with cardiac arrest. The data were collected between 2005 and 2007.

The rate of people who lived long enough to be discharged from the hospital rose from 1.8 percent before the training to 5.4 percent using the new protocol.

The benefit was greatest for those who had ventricular fibrillation with a shockable rhythm. Survival in those patients rose from 4.7 percent to 17.6 percent.

Weight-loss help: How to stop emotional eating

STAR HEALTH DESK

Sometimes the strongest longings for food happen when you are at your weakest point emotionally. Many people turn to food for comfort — consciously or unconsciously — when they are facing a difficult problem or looking to keep themselves occupied. But emotional eating — eating as a way to suppress or soothe negative emotions, such as stress, anger, anxiety, boredom, sadness and loneliness — can sabotage your weight-loss efforts.

Often, emotional eating leads to eating too much food, especially high-calorie, sweet, salty and fatty foods. The good news is that if you are prone to emotional eating, you can take steps to regain control of your eating habits and get back on track with your weight-loss goals.

The connection between mood and food

Major life events — such as unemployment, health problems and divorce — and daily life hassles — such as a stressful work commute, bad weather and changes in your normal routine — can trigger emotions that lead to overeating.

But why do negative emotions lead to overeating? Some foods may have seemingly addictive qualities. For example, when you eat enticing foods, such as chocolate, your body releases trace amounts of mood- and satisfaction-elevating hormones. That "reward" may reinforce a preference for foods that are most closely associated with specific feelings. Related to this is the

simple fact that the pleasure of eating offsets negative emotions.

Food can also be a distraction. If you are worried about an upcoming event or rethinking an earlier conflict, eating comfort foods may distract you. But the distraction is only temporary. While you are eating, your thoughts focus on the pleasant taste of your comfort food. Unfortunately, when you are done overeating, your attention returns to your worries, and you may now bear the additional burden of guilt about overeating. How to regain control of your eating habits

Though strong emotions can trigger cravings for food, you can take steps to control those cravings. To help stop emotional eating, try these suggestions:

- Learn to recognise true hunger.** Is your hunger physical or emotional? If you ate just a few hours ago and don't have a rumbling stomach, you are probably not really hungry. Give the craving a few minutes to pass.
- Know your triggers.** For the next several days, write down what you eat, how much you eat, when you eat, how you are feeling when you eat and how hungry you are. Over time, you may see patterns emerge that reveal negative eating patterns and triggers to avoid.
- Look elsewhere for comfort.** Instead of unwrapping a candy bar, take a walk, treat yourself to a movie, listen to music, read or call a friend. If you think that stress relating to a particular event is nudging you toward the refrigerator, try talking to someone about it to distract yourself. Plan enjoy-

able events for yourself.

- Don't keep unhealthy foods around.** Avoid having an abundance of high-calorie comfort foods in the house. If you feel hungry or blue, postpone the shopping trip for a few hours so that these feelings don't influence your decisions at the store.
- Snack healthy.** If you feel the urge to eat between meals, choose a low-fat, low-calorie food, such as fresh fruit, vegetables with fat-free dip or unbuttered popcorn. Or test low-fat, lower calorie versions of your favorite foods to see if they satisfy your craving.
- Eat a balanced diet.** If you are not getting enough calories to meet your energy needs, you may be more likely to give in to emotional eating. Try to eat at fairly regular times and don't skip breakfast. Include foods from the basic groups in your meals. Emphasize whole grains, vegetables and fruits, as well as low-fat dairy products and lean protein sources. When you fill up on the basics, you are more likely to feel fuller, longer.
- Exercise regularly and get adequate rest.** Your mood is more manageable and your body can more effectively fight stress when it is fit and well rested.

If you give in to emotional eating, forgive yourself and start fresh the next day. Try to learn from the experience, and make a plan for how you can prevent it in the future. Focus on the positive changes you are making in your eating habits and give yourself credit for making changes that ensure better health.

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DID YOU KNOW?

Obesity tied to higher pancreatic cancer risk

New research suggests that obesity may raise older adults' risk of developing pancreatic cancer, one of the deadliest forms of the disease.

The study, by researchers at the US National Cancer Institute, found that men and women who were severely obese were 45 percent more likely than normal-weight adults to develop pancreatic cancer over five years.

Abdominal obesity, in particular, was linked to a higher risk of the disease among women, the researchers report in the *American Journal of Epidemiology*.

Pancreatic cancer is difficult to catch early, and 95 percent of patients die within five years of being diagnosed. Because of this dismal prognosis, researchers consider it particularly important to pinpoint the modifiable risk factors for the disease.

Smoking is one such risk factor. Some studies have also implicated obesity and physical inactivity in contributing to pancreatic cancer, possibly because of their association with type 2 diabetes.

In type 2 diabetes, the body loses its sensitivity to the blood sugar-regulating hormone insulin, which is produced by the pancreas; this leads to persistently high levels of insulin in the body. Insulin has growth-promoting effects, and it's thought that too much of the hormone may



encourage pancreatic tumor cells to grow and spread.

In the current study, the relationship between obesity and pancreatic cancer weakened somewhat when the researchers factored in diabetes.

This suggests that diabetes is one reason obesity is linked to pancreatic cancer, according to the researchers, led by Dr Rachael Stolzenberg-Solomon.

"Our results, as well as those of others, may have important implications for cancer prevention particularly related to the avoidance of obesity," the researchers write.

The findings are based on data collected from more than 300,000 US adults who were cancer-free

and between the ages of 50 and 71 at the outset. Over roughly five years, 654 developed pancreatic cancer.

In general, the risk of the cancer climbed in tandem with body mass index, a measure of weight in relation to height. Severely obese study participants were at greatest risk. Among women, the odds of developing pancreatic cancer also increased along with waist size.

There was no relationship, however, between the disease and physical activity levels. Going into the study, the researchers note, they had hypothesized that regular exercise would lower the risk of pancreatic cancer — given that it helps manage weight and type 2 diabetes.

Source: *American Journal of Epidemiology*

Bird flu aggravate protein deficiency among children?

DR M KARIM KHAN

Bird flu — so, no chicken and no eggs in food item, which are the two major sources of protein in our diet.

More than 70 percent of children under 5 years of age in our country have been suffering from some sort of malnutrition. Now the question is — in this situation, whether the absence of animal protein source will aggravate malnutrition status of our children. Probably the answer is yes.

So we have to find out other cheaper protein sources for our children to combat the situation, at least for the time being.

We know major sources of protein are chicken, eggs, beef, mutton, fish, pulses, milk and

dairy products.

In our country chicken were cheaper than beef and mutton. Now as the chickens are seems to be unsafe, the prices of beef and mutton have gone up.

There are plenty fishes in the market but as their demand is very high, proportionately price has gone high also and may not be affordable to all.

In this critical situation, to maintain the protein requirement we should provide our children more sea fishes, beans, pulses, and vegetables. Sea foods may be a good alternative source of protein, more over it contains low fat and omega 3 fatty acid, which is heart friendly. Prior cooking mixture of different types of pulses increases the test, protein

content and quality, so that can be added in food item regularly.

Half cup of beans contains protein equivalent to 90 grams of chicken. So is a very good source of protein. Fresh fruits are always welcome in food item of children.

By this time we know that properly cooked chicken and eggs are safe enough to consume but if we do prefer avoiding chicken for children for the time being, we can add sea foods, pulses, beans, vegetables, fresh fruits in our children's food item to combat the present situation, since protein is the most important component food.

The writers is an Associate Professor of Dept. of Pediatrics of Community Based Medical College, Mymensingh.

Awareness programme on epilepsy held

To raise awareness on epilepsy disease, its treatment, care and support and rehabilitation of the patients, Sanofi-Aventis, a leading pharmaceutical company organised a programme recently, says a press release.

Eminent specialist doctors, general physicians, patients and celebrities were present on the occasion.

Mr Iftekharul Islam, Managing Director of the com-

pany inaugurated the programme.

Although epilepsy is a disease of human body, there are many superstitions about the disease, specially in the rural area where people are not much aware of the disease. Consequently the patients have to suffer to a great extent in some cases. Patients shared their experience with this disease in personal, social and occupational life.

The speakers delivered lectures how to cope with the disease and assured that the disease is curable in most of the cases and patients can lead a productive life with the help of modern medication.

To encourage and entertain the patients, Captain of Bangladesh National Cricket Team Md Ashraf and Manager Rumi.

The programme ended up with a magic show.

Fat accumulation: A key factor in diabetes risk

The amount of fat a person accumulates in relation to their body size as they grow into adulthood, not their birth size or their growth per se, influences their risk of developing type 2 diabetes, results of a new study suggest.

In a study looking at size at birth, adult body size and sensitivity to the blood sugar regulating hormone insulin in young adults, investigators found that an individual's fat mass in adulthood was the only factor significantly related to insulin sensitivity. Reduced insulin sensitivity is a precursor to diabetes.

"Parents of all children, independent of birth size or growth during childhood, should be aware of the risk of fat accumulation in their children," Dr R W J Leunissen of Erasmus Medical Centre-Sophia, Children's Hospital, Rotterdam, the Netherlands and colleagues conclude.

Low birth weight has been tied to an increased risk of type 2 diabetes, and some investigators have proposed that the acceleration in growth experienced by people who are born small but reach normal adult size has harmful effects on metabolism. It is still uncertain, note Leunissen and colleagues, whether people who are born small but catch up later or those who remain small throughout their lifetimes are at greater risk of type 2 diabetes.

To investigate, the researchers looked at insulin sensitivity

in 136 young men and women, some of whom were born small for gestational age and remained short as adults; some who were born small but reached normal height in adulthood; some who were of normal size at birth but grew up to be short adults; and some who were born at normal size and were normal size as adults.

Fat mass in adulthood was the only measurement that showed a significant association with insulin sensitivity, the researchers found. After they used statistical techniques to control for age, sex and body size in adulthood, the group of men and women who were born small but caught up as adults had significantly lower insulin sensitivity than the control group.

Based on the results, Leunissen and colleagues propose a "fat accumulation hypothesis," which states that "an increased accumulation of fat during childhood, independent of birth size, will result in reduced insulin sensitivity."

"Growth acceleration in height and weight as such is not a problem as long as a normal amount of fat is accumulated," they add.

"Our data imply that all individuals, regardless of their size at birth, should try to achieve or maintain a normal fat mass for their body size," the researchers conclude.

Source: *Journal of Clinical Endocrinology and Metabolism*, February 2008

