HEAD Wise

Episode 257: Headache and Migraine After Concussion

Lindsay Weitzel, PhD:
Hello everyone and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel, and I have a history of chronic and daily migraine that began at the age of four. I am here today with a new guest that has not been on HeadWise before. I excited to tell you that I am here with Dr. Shae Datta. Hello Dr. Datta, how are you today?

Shae Datta, MD:
I'm doing well. Thank you for having me.

Lindsay Weitzel, PhD:
Thank you for being here. Dr. Datta is a board-certified neurologist who specializes in concussion and migraine. She is also the past chair of the American Academy of Neurology's Sports Neurotrauma Section. We have her on today because we have not spoken a whole lot on all of our previous episodes about concussion and migraine and post-concussion syndrome, and we would like to give that some attention today. We're going to talk about mostly the head pain that occurs after, migraine-like symptoms etc., because this is a headache podcast. But we're going to give some attention to all of the other symptoms too.

I believe the question that I hear most often from people after they've had a concussion is, when am I going to get better? When is the migraine or the head pain going to go away? I think sometimes people feel concerned that they just aren't improving, so some of my questions will center around that. But let's back up a bit. Dr. Datta, what signs should someone look for to know to seek medical care once they have had a head injury?

Shae Datta, MD:
Yeah, that is a great question, and it's varied depending on how you get the head injury. Most of the time the more common ones are like motor vehicle accidents. Obviously, if it's a severe one, EMS will show up and evaluate you. And then a lot of times you're okay, but symptoms don't develop until days later. And then on the sports field, we have issues where a lot of times you'll feel okay. But now there's stringent rules about post-concussion care. The athletic trainer will take you out, the coach will take you out. And you may be okay to play, but then they'll pull you out for a little while. Or unfortunate things like slip and falls, same thing, if you are having dizziness. Headache is the most common thing. If you have double vision, if your pupils change, neck stiffness, that's all reason to go to the ER.

Lindsay Weitzel, PhD:
Something that I think is important is, for people with migraine, chronic migraine, or who have had migraine for years, a lot of the warning signs we are told to look for are really just part of our life.

There's not a lot that shocks us. So, there are some things, I think, that we are told to be careful not to do or to do directly after a head injury that some people with migraine really need to know about. Can we discuss that really quick?

Shae Datta, MD:
Yeah. There are a lot of old wives' tales like don't go to sleep. That's not an accurate thing. And the other thing is that it's fallen out of favor to say that you should be just cocooning yourself. Everyone says if you have a concussion, that all you should do is sleep, avoid screens, don't do anything. That's not what we want you to do. The guidelines have changed. You can rest for 24 hours, even up to 48 if you don't feel well. But we want you getting out there, getting oxygen into your brain, trying to resume your normal activities. Now, if you do anything simple, like looking at your phone and you're getting a headache or you're getting dizzy, then obviously get evaluated by a physician, follow up with a concussion clinic that then can further treat you. But most concussions should be self-limited in about 2 to 3 weeks. If you're having symptoms past that, then you definitely need to be further evaluated.

Lindsay Weitzel, PhD:
What about in the period directly after you may have had a head injury, should you be taking ibuprofen, Tylenol, or are limitations to what you should take?

Shae Datta, MD:
This is a very important thing. If you just have a concussion, normally you don't have any type of bleed or anything like that in the brain, but you can't tell, especially older people with falls. They have a lot more space in their brain because the brain has shrunk, so you can sort of get a minor bleed. And if you start taking Advil, that bleed will extend because it's a blood thinner in a way. So, if you have to take anything, I would just restrict it to mild, minor use of over-the-counter Tylenol until get evaluated properly.

Lindsay Weitzel, PhD:
Okay, that is important. I do know that some people with chronic head pain will use ibuprofen as part of their treatment plan, in addition to some other regular migraine meds etc., so I think that's important information. There is some interesting terminology changes it seems to me over the last number of years, what is the difference between concussion and brain injury? Because they are not the same.

Shae Datta, MD:
Yeah right. I mean look there's degrees. Previously we used to use mild, moderate, severe, traumatic brain injury. That's no longer really used as a classification system. We're saying that concussion is the same thing as mild traumatic brain injury. So, they're interchangeable. But a lot of times when people make the global TBI part of a diagnosis, the lines get too blurred. Then the traumatic brain injury is usually a loss of consciousness greater than 30 minutes, some type of bleed in the brain, skull fracture, stroke, something that's not self-limiting where you never get back to the way you were before. Whereas concussion, you will have symptoms and they can be quite debilitating, but it's not that we can't help you with the headaches and some of the other things to hopefully get you back to normal.

Lindsay Weitzel, PhD:
I think that's important because I think even in the migraine community, we just like to shorten everything to TBI, and it sounds like it's all the same. So that was an important learning point, I think, for everyone who's listening. Let's talk about what is involved in persistent post-concussion syndrome. Because when I hear from people or talk to people, I believe that's what we're talking about. We have a lot of people in our audience who had a concussion, and then they developed migraine symptoms. And they really want to know when they're going to get better. So, if we can just talk about what is this syndrome, what is involved in it.

Shae Datta, MD:
Concussion, as I said before, is supposed to be self-limiting, right? Most people that are healthy should get better in about a month or two. If symptoms are lasting more than 1 to 2 months, you obviously have to see a concussion specialist. And I say that because a concussion specialist should be sort of at the center of your care. And then we will involve other specialties like neurology or physical therapy or balance or inner ear vestibular things, because concussion, you can have muscles of your eye weakened after you get a head injury, you can get dizziness, you could get imbalance. So we have to all sort of work together with the concussion specialist being at the center to kind of pin down exactly what part of the brain or the spine is affected and then rehab you and treat, let's say, headaches or migraines in conjunction.

Lindsay Weitzel, PhD:
When you look up persistent post-concussion syndrome, what are some of the most important symptoms that are listed?

Shae Datta, MD:
Yeah, I mean it's everything I just mentioned is just persistent. It's not self-limited. If you have a headache, if you're dizzy, if you have double vision, you have balance issues, light insensitivity, nausea, your mood has changed, now all of a sudden you used to be mildly anxious person, now you can no longer control your anxiety, you have low set point, let's say for stress now. And all of those things should have gone away already in month 1 or 2, and it's still persistent. That's when we call it persistent post-concussion syndrome. And then if it's lasting longer than 6 months to a year, then we go into traumatic brain injury like criteria.

But you could have a concussion but then only develop migraines as a result. So, we can then say, okay, you have post-traumatic migraines now, or you have family history, potentially you may have developed in your 20s, but because you got a concussion at age 15, you developed migraines earlier, I don't know. So, we're still figuring all these things out. We're just using it as a way to explain to patients why they may be getting certain symptoms.

Lindsay Weitzel, PhD:
I think that was very helpful for everyone to hear all together, because some people, they just have migraine symptoms, and they have other things too. So, thank you for that. That was an awesome

piece of information. You did say something that I'm going to go back and ask about because I bet everyone's wondering now. Some people notice that we have all types of specialists. We have specialists that went to fellowship for a specific thing. We have people that we talk about specialists, but it's because they take a specific interest in a specific type of medicine. When you say concussion specialist, I don't think most people understand what that means. If they're seeing a neurologist, they often believe that they are seeing a concussion specialist. Is there a fellowship for a concussion, or are you someone that took an interest in concussion specifically? Can you explain that to our audience, please?

Shae Datta, MD:
Yeah, that's a great question. So, there are very few neurologists in the country with the Sports Neurology Fellowship training that I have. So yes, all neurologists can see if you have head injury or not. But they haven't specifically, let's say been trained. But if they have interest in it and have further studied it, then perhaps they would be the right person. There's also physical medicine and rehab brain injury specialists. There's sports medicine doctors that also learn about concussion. There's athletic trainers. So, this is why we have multidisciplinary teams. And if you go to a center like NYU and an academic center like NYU or University of Florida, where I trained, they are very much the place to go because they understand all different degrees of head injury and they can get you in with the right person, treated, and then put in the system for the multidisciplinary care that they require.

Lindsay Weitzel, PhD:
Is there a website or somewhere patients can go to if they live somewhere where they are not aware of a concussion specialist nearby, and they are looking for one that they could perhaps go be evaluated by?

Shae Datta, MD:
Yeah. The National Brain Injury Association is a good place. They also have chapters locally like New York Brain Injury Association, Michigan. And then if you're in a place like a city, then a lot of times I would go to the biggest university center there is and try to look up their concussion or brain injury unit that has specially trained doctors to evaluate and treat you.

Lindsay Weitzel, PhD:
My next question, we did go off in a segue there because you said something so important, but I think a lot of people are wondering, is post-traumatic headache, since this is a headache podcast, always part of persistent post-concussion syndrome? Or do people sometimes go on for an extended period of time without headache, but with all these other symptoms that you've discussed?

Shae Datta, MD:
Yeah, actually it's a good question. They don't always have post-traumatic headache, but it is the most common. So, if I had a penny for every time, I wouldn't have to work. But there are times when people come like, oh, they had a concussion, but no, headache is not an issue for me, but I'm dizzy and imbalanced, I have sensitivity to light or I'm always nauseous or I lost my sense of smell. Because a lot

of these things that we are describing is coming from the brain, right? If the brain's jolted around and shocked, then obviously we need to either treat them or support them until the body can heal itself.

Lindsay Weitzel, PhD:
And then I think another question, I always like to make sure no one's left out who might be listening. Are there people out there who have other types of headache for an extended period of time that isn't really migraine like, like maybe it just feels like a tension headache to them for an extended period of time, etc.?

Shae Datta, MD:
Are you talking about after concussion?

Lindsay Weitzel, PhD:
Yes. I'm sorry.

Shae Datta, MD:
Yes, yes. The one thing we do have and we're very thankful to our migraine and headache colleagues because they have really put in stringent definitions of headaches. Right now, what we do is after a traumatic brain injury or a concussion, we treat them with the phenotype, meaning the type where they fall after a concussion. So, there may be lots of things that I'm doing differently, but the best guide that I have is that if it matches a tension headache, I'm going to treat it like a tension headache. If it matches a cervicogenic headache, I'm going to treat it like that. If it matches a vestibular, I'm going to treat it like that. So that's the best information we have right now. We are finding out that there are a lot of underlying inflammatory mechanisms that I am trying to address with supplements, diet, lifestyle, things like that, in addition, after someone's had a concussion, including the gut-brain axis, all that stuff. But I'm only one person and we only have limited time, so I do need the help of other specialists to get them better.

Lindsay Weitzel, PhD:
Is there treatments, preventive medicines, etc. you can give people if they come in early with the headache instead of toughing it out. And are outcomes better if they come in early? Because I do know some people are like, oh, I hit my head, but I'm going to tough it out for a few months. Are they better off if they come in for an early evaluation?

Shae Datta, MD:
Yeah. I tend to be very aggressive and cautious because I know I've seen all, wide variety of head injuries. It's always better to get checked out. Why tough it out. This is your brain. This is the motherboard of your life, right? Like, if your brain is not right, you're really not going to be able to make decisions, live independently for the rest of your life. Why would you take a chance with that. And B, Yeah. You know, like if someone is, let's say an athlete and they've had minor concussions and they know what it feels like and they know their body, that it'll get better, but this time it's not getting better. Because repeated hits can have a worse outcome. It's time for you to come in if symptoms are getting

worse. But if they're improving, let's say you have a minor like I do this all the time. I like bending down to get something in the closet, and then I hit my head on a hanger or something and I'm stunned momentarily. I have a mild headache and then it goes away. But if that was getting worse, obviously I wouldn't wait. I would get checked out.

Lindsay Weitzel, PhD:
I'm going to ask this question because I just know that I feel like I can feel the audience and I know some of them are out there wondering this. I'm assuming that if I run into these people who have had a concussion and they've got migraine-like symptoms, head pain, and after some time, they're very concerned that they're never going to get better, that you run into these people all the time. What do you say to them?

Shae Datta, MD:
Yeah, I mean that's usually everybody's concern. But a lot of them have had this issue for a very long time before they even see me. So, let's say if they have a concussion, they come in to see me sooner rather than later, then we can help them much faster. But if this is something like they had a car accident four years ago and no one's been able to help them, I'm going to say, look, we just saw each other. I wish I could wave a magic wand, and it didn't matter if they were just coming in for migraines or post-traumatic migraines. In this case, we would have to be patient because we have to try and fail a few things to see what's going to work. And we need to do specialized testing and imaging. So there's really a lot of favorable outcomes in the sense that we can move the needle, but we don't know how much until we try.

Lindsay Weitzel, PhD:
Are some of the therapies that we learn from our awesome pain or headache psychologists helpful for post-traumatic headache like cognitive behavioral therapy, meditation, all these things?

Shae Datta, MD:
Oh, absolutely, because the mind-body connection is very real as we know. Any type of stress and a person who has the belief that they'll never get better really kind of puts them into a negative tailspin mentally. And things have been shown to improve with mind-body work the way that you're talking about, especially any type of pain syndrome, whether it's after a concussion or not. So yes, I highly believe in those things.

Lindsay Weitzel, PhD:
Is there anything else you'd like to add to this topic before we go today? Anything we missed?

Shae Datta, MD:
I think we've spent as Americans, I'll say, or the Western world, we put a lot of focus on external image. Oh, that person is thin so they must be healthy. Or that person needs to lose weight, they must be unhealthy. But we really can't see like brain health right from the outside, right? We can't see mental health from the outside. And I think those things are very important to have like an outlook of

prevention. And there's more and more about it. So, in general, heart health is brain health, right? Whatever you're doing for the heart is good for the brain, but really mental rest, taking care of your mental health, all of those things are very important. So, I wanted to just say that globally as a brain health topic, as opposed to just for migraines or brain injury.

Lindsay Weitzel, PhD:
All right. Well, thank you so much. This was an awesome episode. I really enjoyed talking to you and I'm sure our audience enjoyed listening. Thank you everyone for tuning in today. And please tune in to our next episode of HeadWise. Bye bye.