

Clinical Features of Chronic Daily Headache

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SYNOPSIS

Patients with chronic daily headaches are commonly encountered in headache specialty centers but their clinical characteristics have rarely been documented. We studied 100 consecutive patients with chronic daily headache to determine their presenting characteristics and other associated features.

Half of the patients described their headache as a steady ache but throbbing pain was reported in about one third. About half estimated the degree of pain as moderate but one third claimed the typical pain was severe. A consistently unilateral site was noted in only 2 percent. Associated features characteristic of migraine were often noted: including photophobia (37 percent), phonophobia (42 percent), and nausea (24 percent). Many also reported aggravating and ameliorating factors commonly associated with migraine.

We conclude that the manifestations of chronic daily headache are extremely diverse, probably reflecting the heterogeneous mechanisms which underlie this condition.

Key Words: chronic daily headache, chronic tension-type headache, migraine, International Headache Society

Abbreviations: CDH chronic daily headache, IHS International Headache Society, CT-TH chronic tension-type headache.

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INTRODUCTION

Although the prevalence of chronic daily headache (CDH) in the general population is unknown, it is commonly encountered in headache specialty centers. These headaches are known to evolve from migraine and are often associated with analgesic overuse.¹ The difficulties of classifying CDH by the International Headache Society's (IHS) criteria for tension-type headache and migraine have been presented elsewhere.^{2,3} Despite the controversy, the clinical characteristics of CDH have been rarely studied.^{4,5} We evaluated the headache char-

acteristics, associated symptoms and other features of 100 patients with CDH.

METHODS

One hundred consecutive patients who met our criteria of CDH were evaluated by one physician (SS) at the Headache Unit of Montefiore Medical Center. Patients were diagnosed as having CDH if they had headaches at least 6 days per week for at least 6 months. Patients were excluded if they were headache-free for more than 4 days per month or if their headaches followed head trauma, were associated with other organic disease, or if they had the primary headache disorders chronic cluster headache, chronic paroxysmal hemicrania or hemicrania continua.^{2,6} If psychologic illness was prominent, patients were excluded. Less than 5 percent of patients who otherwise meet inclusion criteria were excluded due to organic disease or a primary headache disorder.

Every patient underwent a semi-structured interview and neurologic examination. The features of the headache, associated symptoms, aggravating and ameliorating factors and family history were noted. If patients reported more than one site or more than one quality of pain, all were tabulated. The history of prior and present medication focused on analgesic and ergotamine usage. The patients reports of depression, anxiety and other psychological factors were noted but not developed in depth. An IHS criterion, the presence or absence of headache aggravation by physical activity, was not uniformly elicited.

Time factors were difficult for the patients to assess but reported age at headache onset and estimated duration of CDH were tabulated, as was age at presentation to our headache center. In many instances, chronic headache had evolved from episodic headaches. The date of transition to daily headache was difficult to estimate.

Some headaches were daily but intermittent. These were so classified if there was a pain-free interval of one hour or more, at least 4 days per week. Otherwise, the headaches were considered continuous. The continuous (61 percent) and intermittent (39 percent) groups were compared but there were no significant differences in age and gender distribution, location or quality of pain and pattern of associated features. Accordingly, the two groups were pooled for subsequent evaluation.

RESULTS

Sixty-eight percent of our sample were females, 32 percent were males. The reported age of onset of any headache disorder ranged from 5 to 58 years, peaking in the second decade (Figure 1). When first seen at our center, their ages ranged from 11 to 82 years with a peak between 21 and 30

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