

Clinician's Guide to Chronic Headache and Facial Pain



Edited by
Gary W. Jay



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Foreword

Pain specialists, noninterventionalists, primary care physicians, medical specialists, fellows, residents, and medical students all want to make clinical decisions about pain efficiently, often with an incomplete knowledge of underlying pathophysiology, while addressing global needs of their patients. Pain management is not part of the routine training for most physicians, yet the majority of patients seek medical attention because they have pain. Pain is typically addressed by primary care practitioners on an acute, time-limited basis, but when first- and second-level strategies fail, patients are referred to pain specialists and/or disease or body system specialists for more thorough evaluation and management. Primary care physicians, typically the first stopping point for patients in pain, as well as specialists from anesthesiology, internal medicine subspecialties, neurology, physical medicine, and psychiatry must be prepared to help people suffering with chronic headache and pain disorders.

Headache specialists and other medical specialists as well as primary care physicians managing patients having chronic headache and pain know that usual acute pain management strategies do not address complex needs of people having many years of continuous pain. Interventionalists focus on performing procedures intended to interrupt pain processing, while medically oriented practitioners skillfully blend multiple medications, many of which primary care physicians are not comfortable prescribing (especially methadone). The field of modern pain management has become highly procedural, often relying upon opioids, involving the use of polypharmacy and the management of patients within multidisciplinary pain clinics.

Dr. Gary Jay and contributors to this book, *Clinician's Guide to Chronic Headache and Facial Pain*, have collectively demystified chronic headache and facial pain treatment bringing the management of people with persisting pain into the understanding of pain medicine and other specialists. The chapter authors have prepared essential reviews focusing on the information most needed by specialists, fellows, residents, and medical students to confidently and competently manage complex people in pain. In the first section, chapters focus on common, but potentially vexing headache disorders: migraine, tension-type, posttraumatic, cervicogenic, cluster, trigeminal neuralgia, idiopathic, and orofacial pain syndromes. In the second section, pharmacologic therapeutics are discussed: nonopioid analgesics and adjuvants, opioids, antidepressants, and anticonvulsants, drugs used for the treatment of acute migraine, with special attention to the legal aspects of prescribing controlled substances. The third section covers other treatments addressing the psychological and neuropsychological aspects of pain

as well as role for interdisciplinary models, interventional options, acupuncture, and complimentary/alternative medicine.

Today's specialists evaluating and treating people in pain are medical detectives. They make sense out of painful complaints by following clues, seeing patterns, laying their hands upon their patients, using scientific methods, while balancing clinical suspicion, intuition, and compassion. People living with chronic headaches and pain may wish for absolute pain relief, but they are grateful for any pain relief and the opportunity to receive care from clinicians demonstrating concern and ability.

Clinician's Guide to Chronic Headache and Facial Pain is a "go to" book when information is needed concisely about some aspect of headache or chronic pain. This book focuses on what matters most for busy clinicians: presentation of headache and facial pain syndromes, common causes and underlying pathophysiologic mechanisms, differential diagnosis, diagnostic assessment methods (e.g., laboratory studies, imaging, and electrodiagnostic testing), and recommended treatments. While much is said about the importance of evidence-based treatment, for some headaches and facial pain syndromes there are limited well-controlled and randomized studies. The contributors have taken care to keep their messages practical, and readers are sure to find this book one they will keep close at hand.

*B. Eliot Cole, MD, MPA
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Preface

Headache and facial pain are two of the most common medical complaints of mankind. Patients with headache and facial pain often fill the emergency, outpatient, and ambulatory settings. It has been estimated that more than 40 million Americans have headaches severe enough to require medical care. The World Health Organization ranks migraine 19th among the world's leading causes of disability. Just migraine headache is the cause of an estimated 400,000 days lost from work or school every year per million of the population in developed countries, with other headache disorders being collectively responsible for greater losses. (www.i-t-b.org, a partnership in action between the World Health Organization, World Headache Alliance, International Headache Society, and European Headache Federation.)

This book, *Clinician's Guide to Chronic Headache and Facial Pain*, is a practical, easy to use guide created for the headache specialist and other related physicians since they typically spend most of their time specifically treating headache and facial pain to the exclusion of general pain problems.

The book details the most prevalent maladies and syndromes associated with headache and facial pain. All of the headache or facial pain syndrome chapters have information on the disorder in question, the pathophysiology, the treatment, any evidence-based medicine issues and, of course, up-to-date references.

This book continues with a section dealing with other common pain treatment modalities, from psychological care to acupuncture and CAM treatments. The neuropsychological evaluation is discussed, as this may help shed some light on patients with other issues such as posttraumatic headache. Up-to-date evidence-based medicine chapters detailing interdisciplinary as well as interventional pain management treatment are also included. This section should be very useful to clinicians who treat headache, facial pain, and/or pain of any type. The book concludes with chapters on the most common medications used to treat headache and facial pain, as well as other pain problems.

In addition to headache specialists, this book is also of value to the neurologist, anesthesiologist, general pain management specialist, internists, physiatrists, general practitioners, and others dealing with headache and facial pain. In addition residents and fellows learning the ropes and other clinical specialties such as neurophysiologists, psychologists, nurses, and physical therapists may also find this information useful.

I wish to thank the many superb, patient focused, and generally wonderful contributors to this textbook!

It is my hope and expectation that the book is, in the end, helpful to our patients most of all.

Gary W. Jay, MD



Acknowledgments

First, as always, I want to thank my wonderful wife Suzanne and my incredible daughter Samantha for their love and patience with me during the extended period of time I spent working on this book. Many thanks also go to Byron Scott, R.Ph., my brother by choice, and one of the smartest and best people in the world to talk to; David Longmire, MD, another brother by choice, for his rather droll wit and strange ability to look just like my doppelganger with neither ability getting in the way of his amazing knowledge of neurology (with, of course, special attention to the Autonomic Nervous System); to my new friends at Pfizer (you know who you are) and, of course, to the thousands of patients I had the good fortune to meet, diagnose and treat- you were all my best teachers. After 25 years of clinical practice, when I made the choice to go into Pharma, I knew I would miss you all and I do.

Finally, this book is dedicated to Jim Kapp, who left us all too soon.

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