Almost a full year after my Traumatic Brain Injury (TBI) headaches were still affecting my life. So, I talked to Dr. Kruse about it. She helped me figure out how to prevent them.

More than 30% of people have headaches for some time after their injury.

But I’m getting ahead of myself. Here’s what was happening...

Why does it always get jammed when I have a headache?

Can I leave early? I have a bad headache. Another one? Maybe these are from your injury? I hadn’t thought of that! Maybe you should talk to your doctor?

Pain from headaches can cause frustration, make it hard to focus and remember.
Later, at the Doctor’s Office...

I’m afraid the headaches are from my injury. Do you think something is wrong?

Well, they could be from your TBI...

...but I’m mostly concerned that the pain is interfering with your life.

So, what can we do?

In the first one to two days after your TBI or concussion bleeding is still a concern. You should go to the emergency room immediately if you have a headache and:

...the pain continues to get worse,

...you vomit or feel nauseous from a headache,

...you have weakness in an arm or leg OR trouble speaking,

...you feel increasing sleepiness

I can’t treat your headaches until we can know what type they are.

There are different kinds of headaches?

Oh yes! There are lots of types of headaches. But four are common after TBI...
People might be sensitive to light and sound, and they often feel nauseated or vomit. Many people get a “warning” signal before a migraine, this is called an “Aura”. Seeing bright lights or spots are two common Auras.

Migraines happen when a part of the brain becomes very sensitive. This can send ripples of throbbing pain to other areas. Migraines are usually on one side of the head.

Tension headaches come from muscle spasms or tension and usually happen later in the day. This pain is typically felt on both sides or around the entire head.
Nerves in your neck and at the base of your head run to your skull and scalp. They can carry pain signals to other parts of your head.

Moving your neck or holding your head in certain positions can make the pain from cervicogenic headaches worse.

If you regularly have caffeine, like coffee, tea, or energy drinks you can get a headache if you don’t have as much as normal. These caffeine headaches are also called rebound headaches.

Rebound headaches can also happen if you miss doses or have too much pain medication.
So... how do we know what kind these are?

I'd like you to keep a headache diary so I have good information about what's happening.

Yes, here's a sample. Just fill in the boxes every day with info about your headaches. We'll go over it together after two weeks.

Headache Diary?

Dr. K was able to tell by examining me that my headaches weren't due to bleeding.

Two weeks later...

The info from my headache diary showed us that my headaches were caused by stress.

I have tension headaches. Knowing this helped us develop a treatment plan.
WINE OR CHEESE CAN BE TRIGGERS FOR MIGRAINES

NOT HAVING COFFEE CAN CAUSE REBOUND HEADACHES BUT FOR OTHER PEOPLE HAVING COFFEE CAN BE A TRIGGER.

FOR OTHER PEOPLE MSG IS A TRIGGER.

I STILL GET HEADACHES BUT NOW THAT I KNOW MY TRIGGERS, I GET THEM LESS.

THE TWO MOST IMPORTANT THINGS I DID WERE TALKING TO DR K AND KEEPING A HEADACHE DIARY.

IF YOU ARE HAVING HEADACHES, YOU CAN USE THE NEXT PAGE TO KEEP TRACK OF THEM.

Wine or Cheese can be triggers for migraines but not having coffee can cause rebound headaches. For other people, MSG is a trigger. Not having coffee can cause rebound headaches but for other people, having coffee can be a trigger. I still get headaches but now that I know my triggers, I get them less. The two most important things I did were talking to Dr K and keeping a headache diary. If you are having headaches, you can use the next page to keep track of them.

AUTHORSHIP AND ILLUSTRATION

Traumatic Brain Injury and Headaches was written by Silas James and illustrated by David Lasky.

SOURCE

The health information presented in this InfoComic is based on evidence from research and/or professional consensus and has been reviewed and approved by an editorial team of experts from the TBI Model Systems.

The Content has been adapted from the document “Headaches After Traumatic Brain Injury” which was developed by Kathleen R. Bell, MD Jeanné Hoffman, PhD, and Thomas Watanabe, MD in collaboration with the University of Washington Model Systems Knowledge Translation Center.

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<th>Day</th>
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<th>Have you had a headache today?</th>
<th>Y/N</th>
<th>Please rate your pain. (On a scale of 1-10, with 10 being the worst possible pain, and 1 being the least)</th>
<th>Y/N</th>
<th>Did you take any medication for your headache today?</th>
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<th>If yes, what kind of medication did you take for your headache?</th>
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<th>Did your headaches get better?</th>
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<td>Please rate your pain (on a scale of 1-10; 1 being the least, 10 the worst possible pain)</td>
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**Headache Diary**