

The throbbing in your head

HEADACHES may be a common ailment, but it is not widely known that there are different kinds of headaches. Dr Loh Pei Kee, consultant neurologist at Ara Damansara Medical Centre, breaks down headaches into two categories – primary and secondary.

Primary headaches are the most common form of headache. Some common subtypes include tension-type headaches, migraines and trigeminal autonomic cephalalgias (TACs). Tension-type headaches are usually “band-like”, fairly diffused and often mildly to moderately painful.

Migraine is more severe, with the headache commonly throbbing over one side of the head and associated with nausea or vomiting and sensitivity to light and noise. TACs are characterised by attacks of moderate to severe unilateral pain in the head and face, commonly associated with symptoms such as nasal congestion, eyelid swelling, lacrimation and ptosis.

Secondary headaches occur when external sources cause the headache. Dr Loh classifies them as:

- Trauma-related headaches, which are caused by trauma to the head and neck.
- Vascular-related headaches, which stem from issues involving the blood vessels, including aneurysms, arteriovenous



Dr Loh Pei Kee.

malformation, inflammation of the blood vessels or arteritis, artery dissection and haemorrhagic strokes.

- Non-vascular-related headaches, which comprise a broader scope and can be caused by tumours, increased or low cerebrospinal fluid pressure or inflammatory processes.

- Headaches attributed to infection, which include intracranial or systemic infections.

- Headaches caused by a substance or its withdrawal, or analgesia overuse.
- Headaches caused by other disorders, which include disorders of the eyes, ear, nose, neck and oral cavity.

Separating normal from abnormal

Because everyone has experienced a headache in his lifetime, it is easy to brush it off as something trivial. However, Dr Loh says that it is dangerous to believe that all headaches can be ignored.

She says, “Most people don’t take headaches as seriously as other conditions such as chest pain. This is because people relate chest pain to heart attacks, whereas headaches may be caused by stress or lack of sleep. Thus, they do not usually recognise whether a headache is normal or not.”

Dr Loh lists some red flags and associated symptoms that people should look out for when experiencing a headache, as some symptoms may point to something more dangerous.

- Sudden onset of the worst headache the patient has experienced
- Progressive or recurring daily headaches
- Age of onset is above 50 or below five years old
- Fever
- Drowsiness
- Presence of focal neurologic symptoms such as visual disturbance, limb weakness or numbness, slurring of speech and incoordination
- Vomiting and nausea
- Pain worsens on exertion such as coughing and sneezing, or when it is more painful to lie down



than sit

- Onset during pregnancy

If these symptoms occur, Dr Loh’s advice is to see a doctor immediately to ensure it is not something more serious. “Even if you do not experience any of these symptoms, if your headaches are prolonged and so frequent that they start to interfere with your work and social life, you should still see a doctor to try and reduce the frequency of your headaches for better quality of life.”

Get a second opinion

According to Dr Loh, not all headaches need to be medically treated. There are some ways you can reduce the occurrence of some primary headaches. More importantly, you need to make sure it is not a secondary headache.

She says, “Sometimes, headaches, especially primary ones, are caused by external triggers. Therefore, try to identify and avoid these triggers, which may include lifestyle changes such as avoiding certain food, reducing stress and getting enough sleep.”

However, she notes that we

cannot rely solely on lifestyle adjustments to resolve our headaches and occasionally may need to resort to medication. Headaches often go undertreated because people do not see it as life-threatening, but the lack of treatment can lead to other problems such as deteriorating quality of life.

On the other end of the spectrum, unusual and prolonged headaches may be a sign of more serious conditions such as tumours or abnormalities in the blood vessels, which can lead to something life-threatening. The dysfunction of the brain can also potentially affect movement, vision, speech, sensation and balance.

“If you notice that your headaches are unusual or prolonged, see a doctor for early treatment as it could mean something more dangerous. As for parents, if your child frequently needs painkillers, it is best to send him to a doctor for further examination,” says Dr Loh.

■ For more information, call 03-5639 1212.

Know when it is more than a funny turn

IT is a scary experience to see a child having a funny turn because it may mimic a seizure. Although it is understandable for parents to panic in such a situation, Dr Sangita Dharshini Terumalay, consultant paediatrician and neurologist at Subang Jaya Medical Centre, advises them to stay calm.

“People often mistake all funny turns in children as seizures. However, not all funny turns are seizures. To determine if it is a cause for concern, doctors need to know what happened before and during the event. To do that, doctors need eyewitness accounts to make a correct diagnosis in any child presenting with a possible seizure,” she stresses.

According to Dr Sangita, as everyone usually carries a smartphone, the best possible step would be if the witnesses can record the child having a fit as it will then help the healthcare professional view the occurrence first-hand.

“By the time a child is brought in for examination, the child would be fine and hence it becomes more challenging to diagnose a seizure, especially in the absence of witness accounts. Knowing the details of the event is also important because we do not want to give anti-seizure medication to a child who had a non-epileptic phenomenon. Incorrectly diagnosing epilepsy can have adverse effects on a child’s schooling and social life,” she adds.

The cause for fits, faints and



Dr Sangita Dharshini Terumalay.

funny turns can range from simple tantrums resulting in breath-holding spells to something more serious such as seizures. Seizures are transient clinical events that result from the abnormal, excessive activity of a set of cerebral neurons. Epilepsy is a neurological condition that affects the central nervous system and is usually diagnosed after someone has had at least two seizures.

Funny turns are essentially non-epileptic events that may mimic epilepsy. The manifestations of funny turns differ according to age. “Infants may have single or repeated jerks in their sleep, known as sleep myoclonus, or shuddering attacks that can be precipitated by feeding. Both these phenomena are not seizures.

“For toddlers, a possible cause of funny turns that can be mistaken for seizures are breath-holding spells. This is usually triggered by a trivial injury or emotional upset. Older children can experience psychogenic non-epileptic seizures (PNES). While they may present as convulsions and can easily be misdiagnosed as epilepsy, there can be distinguishing features to differentiate the two. It is also important to diagnose PNES as it may stem from a particularly stressful trigger that needs to be looked into,” adds Dr Sangita.

Digging deep

Based on the witness account, healthcare professionals might advise further tests to diagnose the root cause of the fit, including blood tests, electroencephalograms (EEGs) or MRI scans of the brain.

Dr Sangita says, “A conclusive diagnosis is reached by collating the history of the patient, examining and reviewing the test results. If the results point towards epilepsy, treatment is started.”

Better safe than sorry

If a child is diagnosed with epilepsy, there are treatments that can control the seizures. Your paediatric neurologist would start a suitable anti-seizure drug based on the epilepsy syndrome diagnosed. There are other modes of

treatment that can be considered if seizures are not controlled through medications, namely epilepsy surgery, ketogenic diet and vagal nerve stimulation.

“It is very important to know what to do when a child is having a seizure. We like to call this ‘seizure first aid’. For starters, do not panic, and immediately call for help. The child must then be put in a lateral position by lying them on their side. Do not put anything inside the child’s mouth,” Dr Sangita advises.

Most seizures occur for a short duration, however, a seizure can sometimes be prolonged and result in irreversible brain damage. Other complications of uncontrolled seizures are

learning difficulties and behavioural problems.

Hence, it is important to take your child for a thorough check-up if the caregiver suspects a fit, faint or funny turn, just to be sure, and start treatment immediately if it is indeed epilepsy.

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