VANDERBILT UNIVERSITY
MEDICAL CENTER

Post-Traumatic Headache

What is Post-Traumatic Headache (PTH)?

Persistent headache is a common symptom following mild traumatic brain injury. The cause of PTH is not well understood, but could relate to the release of certain chemicals, swelling of important brain structures or even brain shrinkage. Most patients with mild PTH do not need extensive testing other than a good history and neurologic exam. Headaches can make it difficult to carry out daily activities, think, or remember things.

What are some typical types of headaches that occur after a mild traumatic brain injury?

Migraine headaches: Typical features include throbbing sensation, nausea or vomiting, sensitivity to light and sound, and moderate to severe pain. It is possible to have an aura (i.e. dots or lights in vision) preceding a headache.
Tension-type headaches: Typical features include tight, squeezing sensation, constant presence, and mild to moderate pain.
Cervicogenic headaches: Headache often starts in neck, shoulders, and back of head; sometimes travels over top of head. Neck movement or head positioning can make the pain worse.
Medication overuse headaches: Often presents similarly to tension-type headaches. These occur when pain medications are used more than 2-3 days per week to treat headaches. **For this reason, we recommend you limit all over-the-counter medications used for headache treatment to 2-3 days per week.**

What can I do to prevent headaches?

Maintain regular sleep patterns. Try to go to sleep and wake up around the same time every day. Aim for 7-9 hours of sleep each night. Avoid naps.
Slowly return to normal activity. Aerobic exercises such as walking often help to prevent headaches by improving sleep and decreasing triggers. Stop any activity that makes your headache worse.
Avoid recurrent injury. Take steps to prevent another head injury, such as wearing a helmet.
Drink water. We recommend at least 64 ounces of water per day
Consider the following supplements:

- **Magnesium oxide- 200 mg twice a day**
- **Riboflavin (vitamin B2)-200 mg twice a day.** Note: this may cause bright orange urine

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