

Post-Traumatic Headaches-More Common in Mild TBI

Post-traumatic headaches must be treated aggressively. Botox may be useful in refractory cases.

SAN FRANCISCO, June 14, 2013 /EINPresswire.com/ -- Medical Perspective:

Post-traumatic headaches (PTH) occurs in 90% of patients following a [traumatic brain injury \(TBI\)](#) and appear to be more common and more severe in mild TBI compared to moderate and severe TBI. Over time the percentage of patients who suffer with PTH decreases but almost 25% have persisting headaches at four years. It is especially unfortunate that many patients with mild TBI appear to be fine but suffer from ongoing PTH and other postconcussion symptoms, which may be minimized by doctors, therapist, employers, and family. It is not uncommon for PTH to be the most debilitating complaint following a mild TBI leading to missed work days, prolonged disability, and decreased community reintegration following the TBI.

Understanding the consequences of PTH is important for both families and patients to aggressively intervene with appropriate therapies to decrease resulting disability. A majority of PTH is of the tension variety and it is essential that education is an early intervention to teach the issues of how stress and fatigue can lead to an increased frequency of debilitating headaches. Physical therapy is a mainstay in PTH management with modalities including massage, cervical traction, and strengthening of the neck musculature will decrease painful muscle spasms that lead to headaches. Biofeedback can be use to help a patient better control tension in muscles that lead to headaches.

Medication management includes anti-inflammatories and tricyclic antidepressants. Unfortunately, a significant percentage of patients will have ongoing disability and pain related to PTH despite appropriate therapy as discussed above. In these patients Botox to the frontalis muscle and other pericranial muscles have been reported to significantly improve PTH. This is an off label use of the drug but has been shown to be safe and effective in selected patients with persistent PTH.

Life Care Perspective:

All necessary and appropriate future medical and [future care needs](#) related to the TBI should be included in the life care plan. All medications, physician visits, medical procedures, and other costs must be included. It has been generally accepted in medicine that safe and effective

therapies that are off label uses of a particular drug are necessary and appropriate interventions if it improves the medical, physical, as well as psychosocial welfare of a patient. Botox would be included in this cost if it has proven effective in the individual patient.

Source: [LifeCare123.com](https://www.lifecare123.com)

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