Exertional Headaches

According to the *International Headache Society (IHS*), experiencing a sudden burst of excruciating headache during or after vigorous physical exertion is called “Exertional Headache.”

These types of headaches become more severe almost immediately following performing strenuous activity like rowing, swimming, lifting weights or even sexual intercourse. However, usual activities such as running, straining bowel movements, sneezing and coughing can all trigger exertional headaches.

More than 10% of the general population suffers from exertional headaches, affecting men more than women. However, they can occur in both untrained individuals and trained athletes. This means that even if you’re not an athlete or a weightlifter, it doesn’t mean you have a lesser chance of experiencing these types of headaches.

*Primary exertional headaches*are more common among younger people, about 18 to 48 y.o.—especially those with a family history of migraine. On the other hand, older people i.e. those who are more than 50 y.o., are more likely to have *secondary exertional headaches,* which are caused by underlying disease processes.

**An Unexplained Science**

Those affected by exertional headaches complain of throbbing or pulsating headaches lasting from as short as 5 minutes up to 48 hours. The pain is usually severe at the onset, and has a bursting or described as an “explosive” quality. More than 60% of patients experience bilateral headaches. However, the pain can come from virtually any part of the head.

Over the years, numerous theories have been considered in explaining the clinical course of exertional headaches. However, until now, there seems to be no consensus on a definite or a single pathophysiologic mechanism that leads to exertional headaches.

It is known, however, that a sudden increase in the patient’s intrathoracic pressure like when doing any kind of strenuous activity, triggers a consequent reduction in the pressure on the right atrium of the heart. This reduces the venous outflow from the brain. Then, with significant venous outflow reduction, intracranial pressure transiently increases. Pressure on the nerve fibers subsequently leads to an extremely painful exertional headache.

**Managing Exertional Headaches**

Fortunately, exertional headaches are often benign and can be managed via non-pharmacologic means. Experts would suggest performing adequate warm-up exercise before doing more strenuous exercise routines, and with improved physical condition, patients should experience less episodes of headaches.

However, those with a more severe condition may suffer from debilitating headaches. Their headaches may severely impair work performance, and may even leave them unable to perform simple tasks at home. This condition now warrants professional medical attention. Life-threatening conditions like meningeal irritation, aneurysms or intracranial hemorrhage may cause such headaches.

Pharmacologic measures used to prevent and control the pain include:

* Indomethacin (25 to 100 mg/day)
* Triptans (e.g. Almotriptan, Sumatriptan, Rizatriptan)
* Other NSAIDS (e.g. Flaxen, Aleve, Anaprox)
* β-blockers (e.g. Propanolol)

Exertional headaches can become a lifelong condition. They can easily transition from a mere nuisance to full-blown disease entity with serious implications to the patient’s career, family and well-being. Patients with exertional headaches must therefore learn relevant control measures in order to maximize comfort and independence, and live as “normal” as possible.