

Appendix 6.6

Self-Regulated Intervention and Lifestyle Strategies to Minimize Headache Occurrence

Simple Self-regulated Intervention Strategies*

- Apply a cold or hot pack to the neck or head
- Tie something tight around the head
- Stretching and self-massaging the head and/or neck and shoulders
- Perform breathing exercises
- Visualization or other mindfulness-based exercises
- Go to a quiet place
- Lie down
- Go outside to get fresh air

* Note. When relevant, there are a variety of allied-health professionals who can guide individuals to perform appropriate home-based neck and shoulder stretching.

Lifestyle Strategies to Minimize Headache Occurrence

- Sleep:** It is well-known that sleep deprivation or inconsistent sleep-wake cycles can precipitate headaches or preclude improvement. Accordingly, it is important to educate individuals with post-traumatic headache (PTH) on the importance of going to bed at the same time each night and waking up at the same time each night and, if possible, avoiding day-time naps. If insomnia continues to be a significant problem, please refer to section 7 for an approach to the management of insomnia
- Regular Meals:** It is well-known that skipping or delaying meals can trigger headaches in some people. As such, it is important to ensure that patients with PTH consume breakfast (ideally a high-protein breakfast), lunch and dinner and avoiding delaying or skipping meals.
- Hydration:** It is thought that dehydration can be a trigger for headaches in some susceptible individuals. As such, it is important to maintain good hydration – this means consuming 4-6 drinks per day of water, juice, milk or other non-caffeinated beverages. Regular daily caffeine-consumption (i.e., coffee, soft-drinks) should be avoided as caffeine consumption and withdrawal can precipitate headaches (when an individual does not consume caffeinated beverages regularly, a caffeinated beverage may be helpful to minimize intermittent bad headaches). Diet soft-drinks should be further avoided as, in some, aspartame may trigger headaches.
- Stress:** It is well-known that in many individuals stress, worry, anxiety or anger can be a significant trigger for headaches. These symptoms are particularly common in individuals who have sustained a traumatic brain injury and, as such, can have a major impact on the frequency and severity of PTH. As such, using relaxation strategies, doing activities such as meditation, yoga, and exercise can assist with coping with stress and avoiding stress-induced worsening of headaches. The assistance of an occupational therapist, psychologist, GP-psychotherapist or psychiatrist may be necessary.
- Exercise:** In the initial period after a traumatic brain injury, physical rest is often endorsed. However, as the weeks go by, inactivity is frequently counter-productive and a sedentary lifestyle without any cardiovascular exercise may, in some, perpetuate the headaches. Accordingly, a brisk walk (particularly a morning walk outside), riding a stationary bicycle, walking or jogging on a treadmill or elliptical machine or swimming can be very helpful in headache management. An exercise program should be undertaken as tolerated with gradually increasing duration and intensity. For some, exercise triggers a headache and in these individuals the intensity and/or duration of the exercise should be reduced or an alternative exercise should be trialed.