

Most people seem to find lying down in a darkened room can help. Other than that, it's a question of finding some measure that helps you personally. Cold/warm compresses might also help.

SPECIFIC MEASURES:

MUSCLE tension headaches: physical rest, massaging or stretching the neck and forehead muscles, relaxation techniques. If necessary, over the counter (OTC) preparations such as aspirin, paracetamol or brufen: but remember to check with the pharmacist that these are OK to use alongside your prescription medication.

MIGRAINE: If measures described above fail to be effective, you will need to consult your doctor about trying other treatment. Drugs such as Sumatriptan are being found to be effective in the long-term. Newer, similar drugs include Naratriptan and zolmitriptan, but these have a limited safety record at this time.

These drugs are not painkillers as such, but they do act on the nervous system. They may cause unsteadiness, dizziness, feeling sick and 'heavy sensations' in parts of the body. It is important to only take one tablet: if it is ineffective, you must not take a second one.

However, if you are using a nasal spray or injection (which may be given if vomiting is a problem) and the migraine returns, you need to leave at least an hour between the first dose and any subsequent doses: and no more than one repeat should be taken.

You can add painkillers such as aspirin or paracetamol if needed. Sumatriptan has largely replaced ergotamine(methysergide), which used to be given but has numerous side effects.

However, in cases that do not respond to sumatriptan, it may still be a viable alternative: treatment should be limited to 2 doses weekly with 4 days between doses.

Ergotamine cannot be given if propranolol is being taken. Ergotamine is implicated in analgesic-related headaches (see above) but you should not discontinue it suddenly, but see your doctor about gradually tailing it off.

TRIGEMINAL NEURALGIA: the most effective therapy tends to be with anticonvulsant drugs such as Carbamazepine (Tegretol), which is widely used as a first line treatment. Low starting doses of 100mg twice a day (once daily for elderly), increasing every week should reduce side effects. The usual therapeutic dose is 300-600mg daily.

Once pain control has been achieved, the dose can be maintained for a month and then reduced by 100mg increments every 2 days. Doses can be taken 2 or 3 times a day, at evenly spaced intervals.

Most patients gain relief within the first 24-48 hours of treatment. Blood checks need to be carried out before commencing treatment and then every month for 3 months, thereafter every 6 months whilst on treatment. Common side effects include dizziness, drowsiness, and low blood sodium.

Other drugs such as phenytoin may be used if carbamazepine cannot be tolerated, or as an adjunct to it in very severe cases. Alternative treatments include baclofen, clonazepam, and amitriptyline. Acupuncture is sometimes effective.