

By Nesreen Suwan, MD



Having a headache may have become the universal excuse for all of humanities' failings, but our most common treatment for this pain may be masking a wealth of problems.

Thanks to the deluge of advertising, both on televi-

sion and in print material, Americans may be the most self-medicated people on earth. And experts say that treating headaches with overthe-counter medications only may be compromising your personal health care in ways you can not imagine.

The media is, in part, to blame for making patients believe they can manage their headache pain themselves. Someone watching television during the morning will see dozens of ads about over-the-counter medications – things that people feel they can just take themselves. People watch TV, and then they go to the drug store, read the labels and buy what they think will work. My belief is that these pains are symptoms of other possible conditions that should be checked by a physician first.

Too many medical decisions are made by patients who lack enough insight or experience to truly evaluate their condition. The fact is that blocking pain with over-the-counter medications may serve to cover up something more serious.

For example, one patient was self- treating his headaches with aspirin, before he was evaluated by us. After evaluation, we determined that his headaches were related to "'brain bleed". Since aspirin is an anti-coagulant, taking aspirin actually made the brain bleed worse although it masked the headache pain. The treatment goal is to find the origin of the headache, not to mask it. We know for a fact that many serious and fatal medical conditions can co-exist along with a headache and may cause the headache.

Four of the major culprits for selfmedicating include products such as ibuprofen, Aleve, Tylenol, and Excedrin Migraine. While these products may relieve headache symptoms, overuse of them could lead to stomach irritation, bleeding ulcers, or kidney and liver damage. Other experts, including Dr. Sunil Matthews, a Baylor neurologist, believe that a growing body of knowledge suggests that, over time, headaches may be actually caused by the medications people take to get rid of them. Research in publications like the Journal of Neurology supports Baylor's claim, where a study showed that pain medications can cause medication overuse headaches (or MOH).

This problem is commonly referred to as a "rebound headache."

Patients who are medicating themselves without a physician's guidance will sometimes take Tylenol or Aleve and it 'fixes' their headache for two or three hours, and then the pain comes back and they take more medication. The fact is – there are many different types of headaches, and people need to have an evaluation to find out what they are dealing with.

Headaches are comparable to other conditions such as chest pain, which can be triggered by many different causes. The problem with headaches is that, for most of us, they are much more common, not life-threatening and we assume an over-the-counter medication will make them go away. I do not believe that this should be the only goal in headache management.

Someone with chest or muscular pain or shortness of breath might be more inclined to seek medical attention, but often, because of the advertising we see or our previous habits, we treat a headache with a medication. I'm not suggesting that every person with a headache should run immediately to the doctor. I am suggesting, though, that patients seek a medical expert for an evaluation to determine the cause and recommend an appropriate management program to handle the pain. By doing so, you will know what to take, how much and when, and not be treating yourself blindly.

In my opinion, treating the pain is important. We should remember that pain is a symptom that could be related to a variety of medical conditions that range from simple to serious, benign to malignant. Evaluating the pain by a qualified physician should go hand in hand with controlling the pain.

According to The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), pain is considered the fifth vital sign along with blood pressure, pulse, temperature and respiration. Physicians are supposed to help patients control their pain, and improve their functionality and quality of life.

The goal of every physician is to determine the cause behind the symptoms – not mask them with self-medication. The perspective of the physician is very different from that of the patient, and therefore even an insignificant issue should be evaluated, especially if it continues to occur.

There was a patient we saw during my residency who came to the hospital with a slight cough that wouldn't go away. He had been treating it with over-the-counter medications. One day when he came in, they did an X-ray and a CT on him, and found he had cancer in his lung.

The point is that every medical complaint needs to be evaluated, even if the issue seems small. Whether it is chest pain, a persistent cough, or recurring headaches, proper evaluation is the only way to make a diagnosis and develop an appropriate treatment plan.

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