

Relieving headaches, chronic pain

It is estimated that 90 percent of all humans experience headaches at some point in their lives, with four in 100 people suffering from them daily.

While vast majority of headaches are benign, some types of head pain are indicators of more serious disorders and call for immediate medical attention.

Migraine, which is a more severe form of headache, is said to affect one in 10 people, while tension headache affects one in two.

Migraines alone are the main cause of reduced functioning and a large number of non-attendance days in the workplace.

People who do not suffer from migraines do not understand what it is like to live with them on a daily basis. Many feel that "popping a pill" or sleeping will solve the problem.

The truth is that headache disorders impose recognizable burdens to sufferers, who live with a constant, cloudy feeling that debilitates their ability to think clearly and impairs their memory.

Fatigue and depression can set in, together with insomnia.

A lack of understanding and support makes some headache sufferers feel they are psychosomatic or that the pain must "just be in their heads".

It does not help that often doctors lack empathy for patients suffering from migraines



CHARLES SIOW

and commonly diagnose stress as the cause. In despair, many patients turn to taking even stronger painkillers to ease their pain and to allow them to function.

Unbeknown to them, they are in fact adding fuel to fire as this could lead to another condition known as medication overuse headache, which only serves to make their headaches more intractable and chronic.

Fortunately, there are now very effective therapies for treating headaches.

The Mount Elizabeth Medical Center is the only outpatient infusion service in Singapore for the treatment of chronic headache disorders.

One of the center's innovative ways of reducing the frequency of headaches includes the use of Botox, which has been proven effective in controlling headaches.

Pain therapists and acu-

puncturists compliment the center's medical treatments with infrared, deep heat, acupuncture and moxibustion therapies.

Trigeminal neuralgia, a very severe form of pain affecting the facial and oral areas, can also be treated at the center. Sufferers of this condition are often incapacitated by their condition to the extent that they avoid eating, brushing their teeth or shaving as these everyday activities can trigger severe pain.

The sad part is that many patients often undergo various invasive dental procedures, including teeth extraction, before getting an accurate diagnosis. Once diagnosed, treatment is fairly straightforward.

For more severe pain conditions, patients are admitted to a hospital where they are treated intravenously with medications and strong painkillers to aggressively manage the pain. Many patients respond to this and leave the hospital feeling better or pain free.

Sometimes, a more invasive procedure is needed. For instance, facet joint injections, epidural steroid injections and radiofrequency treatments are performed in the hospital under X-ray guidance in the operating theaters.

These treatments are very effective in patients with chronic neck or lower back pain, especially when there is

disc degeneration and nerve impingement. Many patients feel better immediately and relief can last from weeks to months with regular injections, and up to a year with radiofrequency treatment.

Another innovative way of treating or complementing traditional pain therapy is cognitive behavioral therapy.

This form of treatment involves a group therapy course, whereby a group of patients gather to learn ways to manage their pain without resorting to medication.

Many participants report an increased ability to manage their pain after the course, which is led by specialist physicians, physiotherapists, acupuncturists and psychologists, and are grateful to have an alternative to medications.

Charles Siow, Consultant Neurologist and Pain Specialist of the Siow Neurology Headache and Pain Centre, contributed to this article.

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