PREVALENCE OF HEADACHE AMONG MEDICAL STUDENTS

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ABSTRACT:
Headache is the symptom of pain in the face, head, or neck. It can occur as a migraine, tension-type headache, or cluster headache. Frequent headaches can affect relationships and employment. This cross-sectional study was conducted among medical students of different classes of different medical colleges. Different questions were recorded on a predefined proforma. All the data was entered and analyzed using SPSS Ver. 23.0. A total of 100 medical students were included in this study. There were 50 (50%) male students and 50 (50%) female students. The mean age of the students was 22.56±2.11 years. Out of 100 students, 5 students had persistent headache, 12 had headache during stress phase and 21 students had occasional headache. The main factors of headache were stress and pressure. Almost all of them reported that, in case of headache, they take self-medication.

KEYWORDS: HEADACHE
INTRODUCTION:
Headache is the symptom of pain in the face, head, or neck. It can occur as a migraine, tension-type headache, or cluster headache. Frequent headaches can affect relationships and employment. There is also an increased risk of depression in those with severe headaches. Headaches can occur as a result of many conditions. There are a number of different classification systems for headaches. The most well-recognized is that of the International Headache Society. Causes of headaches may include dehydration, fatigue, sleep deprivation, stress, the effects of medications, the effects of recreational drugs, viral infections, loud noises, common colds, head injury, rapid ingestion of a very cold food or beverage, and dental or sinus issues (such as sinusitis).

Treatment of a headache depends on the underlying cause, but commonly involves pain medication. A headache is one of the most commonly experienced of all physical discomforts.

About half of adults have a headache in a given year. Tension headaches are the most common, affecting about 1.6 billion people (21.8% of the population) followed by migraine headaches which affect about 848 million (11.7%).

The brain itself is not sensitive to pain, because it lacks pain receptors. However, several areas of the head and neck do have pain receptors and can thus sense pain. These include the extracranial arteries, middle meningeal artery, large veins, venous sinuses, cranial and spinal nerves, head and neck muscles, the meninges, falx cerebri, parts of the brainstem, eyes, ears, teeth and lining of the mouth. Pial arteries, rather than pial veins are responsible for pain production.

Headaches often result from traction to or irritation of the meninges and blood vessels. The pain receptors may be stimulated by head trauma or...
tumors and cause headaches. Blood vessel spasms, dilated blood vessels, inflammation or infection of meninges and muscular tension can also stimulate pain receptors. Once stimulated, a nociceptor sends a message up the length of the nerve fiber to the nerve cells in the brain, signaling that a part of the body hurts.

Primary headaches are more difficult to understand than secondary headaches. The exact mechanisms which cause migraines, tension headaches and cluster headaches are not known. There have been different hypotheses over time that attempt to explain what happens in the brain to cause these headaches. Migraines are currently thought to be caused by dysfunction of the nerves in the brain. Previously, migraines were thought to be caused by a primary problem with the blood vessels in the brain. This vascular theory, which was developed in the 20th century by Wolff, suggested that the aura in migraines is caused by constriction of intracranial vessels (vessels inside the brain), and the headache itself is caused by rebound dilation of extracranial vessels (vessels just outside the brain). Dilation of these extracranial blood vessels activates the pain receptors in the surrounding nerves, causing a headache. The vascular theory is no longer accepted. Studies have shown migraine head pain is not accompanied by extracranial vasodilation, but rather only has some mild intracranial vasodilation (1-3).

The purpose of this study was to see the prevalence of headache among different medical students.

**Material of Methods:**
This cross-sectional study was conducted among medical students of different classes of different medical colleges. Different questions i.e. name, age, gender, class, symptoms of headache, onset and relieving factors were recorded on a predefined proforma. All the data was entered and analyzed using SPSS.
Ver. 23.0. The qualitative variables were presented as numbers and frequencies. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 100 medical students were included in this study. There were 50 (50%) male students and 50 (50%) female students. The mean age of the students was 22.56±2.11 years. Out of 100 students, 5 students had persistent headache, 12 had headache during stress phase and 21 students had occasional headache. The main factors of headache were stress and pressure. Almost all of them reported that, in case of headache, they take self-medication.

DISCUSSION:
Approximately 64–77% of people have a headache at some point in their lives. During each year, on average, 46–53% of people have headaches. Most of these headaches are not dangerous. Only approximately 1–5% of people who seek emergency treatment for headaches have a serious underlying cause.
More than 90% of headaches are primary headaches. Most of these primary headaches are tension headaches. Most people with tension headaches have "episodic" tension headaches that come and go. Only 3.3% of adults have chronic tension headaches, with headaches for more than 15 days in a month.
Approximately 12–18% of people in the world have migraines. More women than men experience migraines. In Europe and North America, 5–9% of men experience migraines, while 12–25% of women experience migraines.
Cluster headaches are very rare. They affect only 1–3 per thousand people in the world. Cluster headaches affect approximately three times as many men as women.

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