

Sinus Headache or Migraine?

Keys to Correct Diagnosis

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Patients often complain of “sinus” headache. However, many patients and physicians do not realize that the symptoms of sinus headache—facial pain, nasal congestion, rhinorrhea—often occur in migraine. In fact, in many cases “sinus” headache actually turns out to be migraine, according to the guidelines established by the International Headache Society. Thus, many headache patients are improperly treated and do not experience relief from their troublesome symptoms. Migraine-specific medications, such as the triptans, and lifestyle changes can often successfully treat these patients.

Sinus complaints occur frequently in primary care patient encounters. Some patients may request an antibiotic, citing the presence of nasal congestion and facial pain; they may remark that an antibiotic will “clear up” their symptoms in a few days. But since there is often no purulent phlegm or fever, for most patients an antibiotic is not the answer. Other patients may complain of “sinus” headache and request decongestants, nasal sprays, antihistamines, or a referral to an ear, nose, and throat (ENT) specialist or allergist. Some patients may even request a narcotic, due to the severity of their “sinus” headache. In many cases, follow-up reveals incomplete resolution of these headaches.

A headache that appears to the patient—and even to the clinician—to be a sinus headache may in fact be a migraine. The large, population-based American Migraine Study II maintained that only about half of the estimated 28 million people with headache that fit the International Headache Society (IHS) criteria for migraine had actually been diagnosed with migraine.¹ Among the nearly 30,000 study participants, analysis of those who were undiagnosed revealed that 42% considered their headache to be “sinus” headache. The study further identified these “sinus” headache sufferers

as meeting IHS criteria for migraine.

This article reviews the IHS classification of migraine versus sinus headache and describes the symptoms and pathophysiology of each to assist clinicians in differentiating between the two. Treatment options for migraine with sinus symptoms are also discussed.

CLASSIFICATION

To help alleviate the confusion between sinus and migraine headache, it may be helpful to explain how headaches are classified, so that their differences can be better understood.

In 1962, an ad hoc committee was formed through the NIH; this group went on to develop a headache classification system. In 1982, the IHS was formed; the Classification Committee for that headache society was charged with creating a headache classification system that would be recognized worldwide. This led to the International Classification of Headache Disorders (ICHD I), which was published and recognized in 1988. It was translated into all major languages and has unified headache clinicians and researchers worldwide through a common “language” for classifying headache disorders for both clinical and research purposes. The headache classification system was revised recently over a five-year period (1999-2004) and is now known as ICHD II. The complete ICHD II can be found in the journal *Cephalalgia*.²

While the entire classification system may not be practical to use in a busy primary care setting, there

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