Health Focus

In this Issue

Migraine Headaches

A migraine is much more than a bad headache. It can cause debilitating, throbbing, one-sided head pain that can leave you in bed for days. Movement, lights, sounds and other triggers may cause symptoms like fatigue, nausea, vision changes, irritability and more.

A healthcare provider can help you manage symptoms so migraines don't take over your life.

Overview

What is a migraine?

A migraine is a severe headache that causes throbbing, pulsing head pain on one side of your head.

The headache phase of a migraine usually lasts at least four hours, but it can also last for days. This headache gets worse with:

- Physical activity.
- Bright lights.
- Loud noises.
- Strong odours.

Migraines are disruptive. They can interfere with your daily routine and affect your ability to meet personal and social obligations. Treatment is available to help you manage migraines.

What are the types of migraines?

There are several types of migraines. The most common migraine categories are:

- Migraine with aura (classic migraine).
- Migraine without aura (common migraine).

An aura is a phase of the migraine before head pain begins.

Other types of migraines include:

- Migraines in children (abdominal migraine).
- Chronic migraine.
- Hemiplegic migraine.
- Menstrual migraine.
- Migraine without headache (silent migraine).
- Retinal migraine (ocular migraine).
- Status migrainosus.

Migraine Headaches

Symptoms and Causes

The symptoms of a migraine come in four phases. The most notable is a headache attack.

What are the phases of a migraine?

There are four phases or stages of a migraine:

- Prodrome: The first phase begins up to 24 hours before you experience a headache.
- Aura: An aura is a group of sensory, motor and/or speech symptoms that act as a warning sign of a migraine headache. The aura phase can last as long as 60 minutes or as little as five. You might experience both the aura and the headache at the same time.
- Headache: A migraine headache lasts between four hours to 72 hours.
- Postdrome: The postdrome stage usually lasts for a few hours up to 48 hours. Symptoms feel similar to an alcohol-induced hangover, which is why the postdrome phase is known as a migraine hangover.

It can take about eight to 72 hours to go through the four stages.

Migraine symptoms

Migraine symptoms vary based on the stage. Every migraine is different, and you won't necessarily experience symptoms during all four stages of every migraine.

Prodrome symptoms

- Mood changes.
- Difficulty concentrating.
- Trouble sleeping.
- Fatigue.
- Nausea.
- Increased hunger and thirst.
- Frequent urination.

Aura symptoms

- Muscle weakness.
- Vision changes.
- Ringing in your ears (tinnitus).
- Sensitivity to touch (feeling like someone is touching you).
- Numbness and tingling.
- Difficulty speaking or concentrating.

Headache attack symptoms

Head pain gradually gets more intense. It can affect one side of your head or both. It can occur with other symptoms like:

- Nausea and vomiting.
- Light, sound and odor sensitivity.

Postdrome symptoms

- Fatigue.
- Stiff neck.
- Sensitivity to light and sound.
- Difficulty concentrating.
- Nausea.
- Dizziness.

Migraine Headaches

What does a migraine feel like?

Migraine headache pain may feel like the following:

- Throbbing.
- Pulsing.
- Pounding.
- Dull.

A migraine can feel different for each person. A migraine headache ranges from mild to severe. Head pain can start on one side and shift to the opposite side. You may also have pain around your eyes or temple, and sometimes, around your face, sinuses, jaw or neck.

How often do migraines happen?

The frequency of a migraine varies from person to person. You might have one migraine per year or one per week. On average, most people experience two to four per month. They're most common in the morning. Most migraines are unpredictable, but sometimes, you can have an idea of when a migraine will happen, like before menstruation or after feeling stress.

What causes a migraine?

Researchers aren't sure of the exact cause of migraines, but studies show genetics play a role.

When you have a headache, specific nerves in your blood vessels send pain signals to your brain. This releases inflammatory substances into your head's nerves and blood vessels. It's unclear why your nerves do that.

What triggers a migraine?

A trigger is something that causes symptoms to start. Some of the most common migraine triggers include:

- Stress.
- Hormonal changes.
- Certain medications.
- Changes to your sleep.
- Weather condition changes.
- Too much physical activity (overexertion).
- Addictive substances like caffeine or tobacco.
- Missing a meal.
- Exposure to bright lights, loud noises or strong odors.

Your healthcare provider can help you identify your triggers. They might recommend keeping a migraine journal to track similarities between migraine attacks.

What foods trigger migraines?

Your body may have a sensitivity to specific chemicals and preservatives in foods. This sensitivity makes a migraine more likely to happen, especially if combined with other triggers.

Some of the most common food triggers include:

- Aged cheese.
- Beverages containing alcohol.
- Chocolate.
- Food additives like nitrates and MSG.
- Processed or cured foods (hot dogs, pepperoni).
- Fermented or pickled foods.

Are migraines hereditary?

Yes, migraines tend to run in biological families. Up to 80% of people with migraines have a first-degree biological relative with the condition.

What are the risk factors for a migraine?

A migraine can affect anyone at any age, from children to adults. Women and people assigned female at birth are more likely than men and people assigned male at birth to experience a migraine.

Other risk factors that may make you more likely to experience a migraine include:

- Biological family history of migraines.
- Underlying medical condition (depression, anxiety, sleep disorders and epilepsy).
- Regular use of tobacco products.

Diagnosis and Tests

How is a migraine diagnosed?

A healthcare provider will diagnose a migraine after a physical exam and neurological exam. They'll also learn more about your medical history and biological family health history. Your provider may ask you questions to learn more about your symptoms, including:

- What symptoms do you experience?
- Can you describe the feeling and location of your headache?
- How severe are your symptoms?
- How long did your symptoms last?
- Did anything make your headache better or worse?

Your provider may also order blood tests and imaging tests (such as a CT scan or an MRI) to make sure there aren't any other causes for your headache. An electroencephalogram (EEG) may help your provider rule out other conditions.

Who diagnoses a migraine?

If you think you have a migraine, discuss your symptoms with a primary care physician (PCP) first. They can diagnose migraine headaches and start treatment. Your PCP may refer you to a headache specialist or a neurologist.

Migraine Headaches

Management and Treatment

How is a migraine treated?

There isn't a cure for migraines. But a healthcare provider can help you manage migraine symptoms through the following:

- Taking medications.
- Avoiding migraine triggers.
- Using alternative migraine remedies.

What medications treat migraines?

A healthcare provider might recommend taking medications to treat migraines. There are two types of medications available:

- Medications to stop migraines: You can take these medications at the first sign of a migraine. They stop or reduce migraine symptoms like pain, nausea, sensitivity and more.
- Medications to prevent migraines: A healthcare provider usually prescribes preventive medications if you experience severe symptoms that interfere with your routine or have frequent migraines. These medications reduce how often and how severe migraines affect you. You can take these medications as directed, usually on a daily basis.

Common medications that stop migraines include:

- Triptans (5-hydroxytryptamine).
- Ditans (lasmiditan).
- Gepants (rimegepant and ubrogepant).
- Dihydroergotamine (prochlorperazine).
- Antiemetic medications (metoclopramide).

Common preventive migraine medications include:

- Antiseizure medications (valproic acid, topiramate).
- Beta-blockers (atenolol, propranolol, nadolol).
- Calcium channel blockers (verapamil).
- Monoclonal antibodies(erenumab, fremanezumab, galcanezumab).
- Tricyclic antidepressants (amitriptyline, nortriptyline, doxepin).
- Serotonin and norepinephrine reuptake inhibitors (venlafaxine, duloxetine).

Medications come in different forms, like:

- An injection under your skin (subcutaneous).
- An oral medication (taken by mouth).
- A nasal spray.
- Through an IV (intravenously).
- Suppository.

You and your healthcare provider will discuss the specific medication, combination of medications and formulations to best manage your symptoms. All medications should be used under the direction of a headache specialist or provider. As with any medication, it's important to carefully follow your provider's instructions.

Over-the-counter migraine medications

Over-the-counter migraine medications are effective if you have mild to moderate migraine symptoms. The main ingredients in pain-relieving medications are ibuprofen, aspirin, acetaminophen, naproxen and caffeine.

Be cautious when taking over-the-counter pain relievers. Sometimes, overusing them can cause analgesic-rebound headaches or a dependency problem. If you're taking any over-the-counter pain medications more than two to three times a week, let your healthcare provider know. They may suggest more effective prescription medications.

Avoiding migraine triggers

A healthcare provider can help you identify what triggers your migraines. They may ask you to keep a migraine journal or diary. A migraine journal can help you keep track of when a migraine happened, how you felt and how long it lasted. You can also add details about the foods you ate or the activities you participated in to learn more about any possible triggers.

There are some smartphone apps available to help you keep a migraine journal.

Once you identify a trigger, you can take steps to avoid it. This isn't always possible, but awareness of your triggers is helpful to identify them and treat a migraine when it starts.

For example, if stress is a trigger, you may want to speak with a mental health professional to help you manage your stress. If you get migraine symptoms when you miss a meal, set an alarm on your phone to remind you to eat meals on a regular schedule.

Alternative migraine remedies

You may want to try alternative therapies to help you manage migraines. These include:

- Taking vitamins, minerals or herbs like riboflavin (vitamin B2), magnesium, feverfew, butterbur or co-enzyme Q10.
- Relaxation techniques like yoga.
- Acupuncture.
- Biofeedback.
- Botulinum toxin type A injections (Botox®).

Talk to your healthcare provider before starting any alternative therapies for migraines.

What migraine treatments are available during pregnancy?

Talk to your healthcare provider if you're pregnant or plan on becoming pregnant and experience migraines. Your provider might suggest avoiding medications for migraines when you're pregnant or if you think you may be pregnant. Some medications can negatively affect the fetus's development.

Your provider can recommend alternative treatment options like an acetaminophen pain reliever for migraines.

Migraine Headaches

How do I deal with a migraine as it happens?

There are certain things you can do to help you feel better when a migraine attack happens, including:

- Resting in a dark, quiet, cool room.
- Applying a cold or warm compress or washcloth to your forehead or behind your neck.
- Massaging your scalp.
- Applying pressure to your temples in a circular motion.
- Keeping yourself in a calm state (meditating).

Prevention

Can a migraine be prevented?

You can't prevent all migraines. But you can take preventive migraine medications as directed by your healthcare provider to reduce how often and how severe migraine symptoms affect you. You can also learn more about your triggers and work with your healthcare provider to avoid them.

Outlook / Prognosis

What's the outlook for a migraine?

Migraines are different for each person. They're temporary but recurring throughout your life. There's also no available cure. Your healthcare provider can help you manage migraines so they go away faster and are less intense. It may take time to find a treatment option that's right for you. Let your healthcare provider know if your symptoms improve or get worse.

Living With

When should I see a healthcare provider?

Schedule a visit with your healthcare provider if you experience:

- New symptoms.
- Worsening symptoms.
- Side effects from treatment.

Call 911 (or your local emergency services number) or go to an emergency department right away if you:

- Experience the worst headache of your life (thunderclap headache).
- Have new neurological symptoms that you've never had before, like difficulty speaking, balance problems, vision issues, confusion, seizures or numbing/tingling sensations.
- Have a headache after experiencing a head injury.

What questions should I ask my healthcare provider?

- Will I grow out of migraines?
- What medications do you recommend?
- How can I prevent migraines?
- What type of migraine do I have?
- Are my migraines considered chronic?

A note from Cleveland Clinic

You've probably had a headache before, but a migraine is different. It can feel like the world is ending and there's nothing you can do to make it go away. Even though your symptoms are temporary, the duration of a migraine can make it feel like time is moving slower and against you. But there are treatment options available to manage migraines as they happen and prevent them from interfering with your day. A healthcare provider can help you with this, so migraines don't take over your life.

Source: Migraine: What It Is, Types, Causes, Symptoms & Treatments (clevelandclinic.org) Accessed 30 April 2024

What Does Your Headache Location Mean?

The location of your headache isn't a foolproof way to diagnose the cause, but it can be a good starting point for figuring out the root of the problem. Keep in mind, though, that different types of headaches can show up in similar places. And locations for a particular type of headache, such as migraine or tension headaches, may vary from person to person. What's most important is to pay close attention to the symptoms of your headache. This will help your doctor figure out the cause and the appropriate treatment plan.

Various types of headaches can cause pain in different parts of your head.

Common Headache Types by Location

Main types of headaches

There are two main types of headaches: primary and secondary. With the primary type, the headache is the main issue, and it has no specific cause. A secondary headache is triggered by pain or inflammation due to another condition. Common primary headaches include tension headaches, migraines, and cluster headaches. Headaches tied to infection, blood vessel problems, or injury are common secondary headaches. Headaches caused by mental health disorders are also considered secondary headaches.

Headaches on the right or left side of your head

Certain headaches may cause pain mostly or only on one side. They could affect either the left or right side of your head. They include:

1. Migraine headache. This causes throbbing pain that you may feel mostly on one side. More than 1 out of every 10 people in the U.S. get migraine headaches. It's not clear what causes them. But many things can trigger them, including hormones, weather changes, lack of sleep, or stress. Migraines can last anywhere from less than an hour to several days.
2. Cluster headache. This is a rare but very painful, piercing headache that starts suddenly and often affects one side of your head. You'll usually feel it in or around your eye. It can also cause face swelling, sweating, stuffy nose, droopy eyes, or tears on the same side as the pain.
3. Hemicrania continua. This rare type causes constant pain on one side of your head that lasts a long time. It might get better or worse at times but doesn't stop. Hemicrania continua belongs to the same family of headache disorders as cluster headaches. It's more likely to affect women.
4. Paroxysmal hemicrania. With this type, you have five or more bouts of intense pain in one day. Each lasts up to a half hour. This type is also uncommon and shares similarities with cluster headaches.
5. SUNCT and SUNA. The full names of these rare headache disorders are short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT) and short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA). Both cause short but sharp bursts of pain on one side, usually around your eye. You may also have teary eyes, drooping eyelids, a stuffy nose, and a sweaty face.

Migraine Headaches

Headaches at the back of your head

- Cervicogenic headache. You might feel this secondary type at the back of your head or on one side. But it originates from your spine or neck. It's caused by spinal issues such as tumors, fractures, infections, and rheumatoid arthritis.
- Occipital neuralgia. In this long-lasting condition, the occipital nerves that run from behind your ears over the scalp get pinched and inflamed. This can cause throbbing or jolting pain in your upper neck area, behind your ears, and the back of your head. The pain is similar to that of a migraine.

See why you get pain at the back of your head.

Headaches at the front of your head

- Sinus headache. When your sinuses are infected due to allergies, bacteria, or viruses, you could feel pain and pressure around your forehead, cheekbones, and nose. If you lean forward, the pain may get worse. It goes away when the infection clears.
- Ice cream headache. Also known as "brain freeze," this happens when you eat something very cold like ice cream. Eating or drinking cold things causes blood vessels in your mouth to constrict, triggering sharp, sudden pain around your forehead and temples. It only lasts a few minutes.
- Eyestrain headache. This usually happens after you spend a long time doing something that involves your eyes, such reading, using a computer, or sewing. You'll probably have eye discomfort along with a fairly mild headache. It's caused by problems with focus and alignment, so get an eye exam if this happens to you.
- Temporal arteritis. This happens when blood vessels around your temples that supply blood from the heart to the scalp become inflamed. It can cause constant, throbbing pain on one or both sides of your forehead. Other symptoms include scalp tenderness, vision problems, jaw pain, fever, fatigue, weight loss, and muscle aches. It usually affects people over 50.
- Tension headache. This is the most common type of headache. Most people feel dull, squeezing pain like a tight band around the head. The pain can range from mild to serious. Common causes are stress, fatigue, shoulder or neck muscle pain, or jaw pain. Three in four adults get this type, some as often as three to four times a week. Usually, it lasts anywhere from 20 minutes to 2 hours.
- Exertion headache. You get this type soon after doing a physical activity like running, weight lifting, or sex. You might notice throbbing pain on both sides of your head. Usually, it's short-lived. Over-the-counter pain medications should ease the pain.
- Thunderclap headache. This is a sudden, intense headache that strikes you like a thunderclap. It usually only lasts about a minute. It's rare and often a warning sign of something dangerous like a brain bleed due to a burst blood vessel or tumor. Get medical attention right away if this happens to you.
- Brain tumor. This is a rare cause of headache. If your headaches are triggered by a tumor, you'll likely have other symptoms like confusion, balance issues, speech problems, and numbness on one side of your body. If you often get headaches that are intense and get worse each time, tell your doctor.

Headaches at the top of your head

Some people feel tension headaches, migraines, or occipital neuralgia at the top of their heads.

Pain in the head and neck

Cervicogenic headacheoroccipital neuralgia. It might cause pain in both your head and neck.

- Meningitis. When the thin membranes covering your brain and spinal cord get inflamed due to a viral or bacterial infection, it's called meningitis. It causes a bad headache, fever, and a stiff neck. Bending forward usually makes the pain worse. Other symptoms can include drowsiness or confusion. Get emergency medical care if you think you might have meningitis.

Migraine Headaches

Chart of Headache Locations

Pain location	Most common cause	Other possible causes
Back of your head or neck	Tension headache/ Migraine	Arthritis in your upper spine Occipital neuralgia
Top of your head "Hairband" area	Tension headache	Migraine Occipital neuralgia Severe hypertension (rare) Aneurysm or bleeding called a hemorrhagic stroke (rare)
Forehead Cheeks Behind both eyes	Tension headache Migraine	Cluster headache Sinus infection
Behind one eye	Cluster headache	Migraine Occipital neuralgia Eye infection Aneurysm (rare)
Temples	Tension headache	Migraine Cluster headache Temporal arteritis (more common in the elderly) Temporomandibular joint (TMJ) disorder
Behind the ear	Ear infection (more common in children)	Occipital neuralgia Sinus infection TMJ disorder Dental problems Mastoiditis
On one side of your head	Migraine Cluster headache	Hemicrania continua (rare) Aneurysm (rare)
Not sure Hurts all over	Tension headache	Migraine Sinus infection

Migraine Headaches

Types of Headache Pain

The location where you feel pain isn't the only clue your doctor can use to figure out what's causing your headaches. The quality of the pain is important, too.

A dull,"tightening" feeling that doesn't throb, or when your head is tender to the touch, is probably a tension headache. Many things can set one off, including:

- Stress
- Lack of sleep
- Allergies
- Eyestrain
- Caffeine withdrawal
- Hormones related to your period
- An injury or trauma
- Exercising hard or for a long time
- Hangover
- Hunger or dehydration
- Brain freeze
- Rebound after stopping an anti-headache medication
- High altitude you're not used to
- TMJ problems, when your headache comes with a clicking sound or popping in your jaw

Pain that's throbbing and lasts a while, or that comes with nausea or changes in your vision or other senses, probably means a migraine. Light and noise make it worse. A migraine could hurt on just one side, but it's not this way for everyone. In some cases, a migraine might make your nose runny or stuffy and your eyes watery, so you could mistake it for a sinus infection. When you get migraines, they're typically triggered by the same things each time. Recognizing the pattern is key to avoiding them.

Other things that could cause migraine-like symptoms, but are much less likely, are:

- Autoimmune diseases such as arthritis or giant cell arteritis, an autoimmune disease that causes joint pain, facial pain (especially in the forehead), and sometimes difficulty with vision that can be permanent
- Hemicrania continua
- Brain tumors

Sharp, searing, one-sided pain that comes on quickly but doesn't last long is probably a cluster headache, especially if it happens again and again at the same time for several days. This type tends to run in families. These headaches can also give you a stuffy, runny nose and make you sweat and tear up. You probably won't be able to sit still.

If your headache comes with cold-like symptoms and pressure or tenderness in your face, you could have a sinus headache. It's often confused with other types, and it's not as common as you may think.

Attacks of brief, sharp,"electric shock" jolts that last only a few minutes or seconds could be occipital neuralgia.

A stroke, aneurysm, or haemorrhage will typically feel like an intensely painful "thunderclap," or the worst headache of your life. But unless the pain is sudden and very serious, it's much more likely to be a common headache. If you think it's a serious condition, you should your emergency service right away.

Treatment

For tension headaches and migraines, over-the-counter (OTC) pain relief with ingredients such as acetaminophen, aspirin, or ibuprofen can help. Repeated or severe migraines and cluster headaches are harder to treat. If OTC medicines aren't doing the trick, talk to your doctor about figuring out whether you need stronger prescription medicines or preventive treatments. Using OTC products on most days can set you up for overuse headaches, too.

Pain medicines, decongestants, and antihistamines may bring some relief from true sinus headaches, but you'll also need to deal with the infection that brought it on.

Your doctor should get involved for causes like nerve pain or autoimmune diseases.

Things your doctor may ask you

To figure out the exact cause, your doctor needs to know about your symptoms. Write them down so you can clearly describe them. If you notice other symptoms along with your headache, tell your doctor.

For an accurate diagnosis, your doctor will do a detailed physical exam and take your medical history. Also, they'll ask you several headache-related questions such as:

- When did the headache start?
- What is the location of your headache?
- How often do you get headaches?
- How long do they last?

They may order additional tests like blood tests, X-rays, CT scans, or MRIs if necessary.

Takeaways

There are many forms and types of headaches. The location of your headache pain may vary, depending on what's causing it. If you have frequent, serious headaches that don't go away on their own or after you take over-the-counter medications, tell your doctor.

Source: Headache Locations: A Comprehensive Guide (webmd.com) Accessed 30 April 2024

PTSD Awareness

Overview

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event.

Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD.

Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.

Products & Services

- A Book: Mayo Clinic Family Health Book, 5th Edition
  Symptoms

Post-traumatic stress disorder symptoms may start within one month of a traumatic event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in social or work situations and in relationships. They can also interfere with your ability to go about your normal daily tasks.

PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. Symptoms can vary over time or vary from person to person.

Intrusive memories

Symptoms of intrusive memories may include:

- Recurrent, unwanted distressing memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Upsetting dreams or nightmares about the traumatic event
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event

Avoidance

Symptoms of avoidance may include:

- Trying to avoid thinking or talking about the traumatic event
- Avoiding places, activities or people that remind you of the traumatic event

Negative changes in thinking and mood

Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about yourself, other people or the world
- Hopelessness about the future
- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships
- Feeling detached from family and friends
- Lack of interest in activities you once enjoyed
- Difficulty experiencing positive emotions
- Feeling emotionally numb

Changes in physical and emotional reactions

Symptoms of changes in physical and emotional reactions (also called arousal symptoms) may include:

- Being easily startled or frightened
- Always being on guard for danger
- Self-destructive behaviour, such as drinking too much or driving too fast
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts or aggressive behaviour
- Overwhelming guilt or shame

For children 6 years old and younger, signs and symptoms may also include:

- Re-enacting the traumatic event or aspects of the traumatic event through play
- Frightening dreams that may or may not include aspects of the traumatic event

Intensity of symptoms

PTSD symptoms can vary in intensity over time. You may have more PTSD symptoms when you're stressed in general, or when you come across reminders of what you went through. For example, you may hear a car backfire and relive combat experiences. Or you may see a report on the news about a sexual assault and feel overcome by memories of your own assault.

When to see a doctor

If you have disturbing thoughts and feelings about a traumatic event for more than a month, if they're severe, or if you feel you're having trouble getting your life back under control, talk to your doctor or a mental health professional. Getting treatment as soon as possible can help prevent PTSD symptoms from getting worse.

If you have suicidal thoughts

If you or someone you know has suicidal thoughts, get help right away through one or more of these resources:

- Reach out to a close friend or loved one.
- Contact a minister, a spiritual leader or someone in your faith community.
- Contact a suicide hotline. In the U.S., call or text 988 to reach the 988 Suicide & Crisis Lifeline, available 24 hours a day, seven days a week. Or use the Lifeline Chat. Services are free and confidential.
- Make an appointment with your doctor or a mental health professional.

When to get emergency help

If you think you may hurt yourself or attempt suicide, call 911 or your local emergency number immediately. If you know someone who's in danger of attempting suicide or has made a suicide attempt, make sure someone stays with that person to keep him or her safe. Call 911 or your local emergency number immediately. Or, if you can do so safely, take the person to the nearest hospital emergency room.

PTSD Awareness

Causes

You can develop post-traumatic stress disorder when you go through, see or learn about an event involving actual or threatened death, serious injury or sexual violation.

Doctors aren't sure why some people get PTSD. As with most mental health problems, PTSD is probably caused by a complex mix of:

- Stressful experiences, including the amount and severity of trauma you've gone through in your life
- Inherited mental health risks, such as a family history of anxiety and depression
- Inherited features of your personality — often called your temperament
- The way your brain regulates the chemicals and hormones your body releases in response to stress

Risk factors

People of all ages can have post-traumatic stress disorder. However, some factors may make you more likely to develop PTSD after a traumatic event, such as:

- Experiencing intense or long-lasting trauma
- Having experienced other trauma earlier in life, such as childhood abuse
- Having a job that increases your risk of being exposed to traumatic events, such as military personnel and first responders
- Having other mental health problems, such as anxiety or depression
- Having problems with substance misuse, such as excess drinking or drug use
- Lacking a good support system of family and friends
- Having blood relatives with mental health problems, including anxiety or depression

Kinds of traumatic events

The most common events leading to the development of PTSD include:

- Combat exposure
- Childhood physical abuse
- Sexual violence
- Physical assault
- Being threatened with a weapon
- An accident

Many other traumatic events also can lead to PTSD, such as fire, natural disaster, mugging, robbery, plane crash, torture, kidnapping, life-threatening medical diagnosis, terrorist attack, and other extreme or life-threatening events.

Complications

Post-traumatic stress disorder can disrupt your whole life — your job, your relationships, your health and your enjoyment of everyday activities.

Having PTSD may also increase your risk of other mental health problems, such as:

- Depression and anxiety
- Issues with drugs or alcohol use
- Eating disorders
- Suicidal thoughts and actions

Prevention

After surviving a traumatic event, many people have PTSD-like symptoms at first, such as being unable to stop thinking about what's happened. Fear, anxiety, anger, depression, guilt — all are common reactions to trauma. However, the majority of people exposed to trauma do not develop long-term post-traumatic stress disorder.

Getting timely help and support may prevent normal stress reactions from getting worse and developing into PTSD. This may mean turning to family and friends who will listen and offer comfort. It may mean seeking out a mental health professional for a brief course of therapy. Some people may also find it helpful to turn to their faith community.

Support from others also may help prevent you from turning to unhealthy coping methods, such as misuse of alcohol or drugs.

Source: Post-traumatic stress disorder (PTSD) - Symptoms and causes - Mayo Clinic Accessed 30 April 2024

SANCA Drug Awareness Week (24-30 Jun)

Drug Addiction

Addiction is a disease that affects your brain and behavior. When you're addicted to drugs, you can't resist the urge to use them, no matter how much harm the drugs may cause. The earlier you get treatment for drug addiction (also called substance use disorder) the more likely you are to avoid some of the more dire consequences of the disease.

Drug addiction isn't about just heroin, cocaine, or other illegal drugs. You can get addicted to alcohol, nicotine, sleep and anti-anxiety medications, and other legal substances.

You can also get addicted to prescription or illegally obtained narcotic pain medications, or opioids. This problem is at epidemic levels in the United States. In 2018, opioids played a role in two-thirds of all drug overdose deaths.

At first, you may choose to take a drug because you like the way it makes you feel. You may think you can control how much and how often you use it. But over time, drugs change how your brain works. These physical changes can last a long time. They make you lose control and can lead to damaging behaviours.

Addiction vs. Misuse and Tolerance

Drug misuseis when you use legal or illegal substances in ways you shouldn't. You might take more than the regular dose of pills or use someone else's prescription. You may misuse drugs to feel good, ease stress, or avoid reality. But usually, you're able to change your unhealthy habits or stop using altogether.

Addiction is when you can't stop. Not when it puts your health in danger. Not when it causes financial, emotional, and other problems for you or your loved ones. That urge to get and use drugs can fill up every minute of the day, even if you want to quit.

Addiction also is different from physical dependence or tolerance. In cases of physical dependence, withdrawal symptoms happen when you suddenly stop a substance. Tolerance happens when a dose of a substance becomes less effective over time.

When you use opioids for pain for a long time, for example, you may develop tolerance and even physical dependence. This doesn't mean you're addicted. In general, when narcotics are used under proper medical supervision, addiction happens in only a small percentage of people.

Effect on Your Brain

Your brain is wired to make you want to repeat experiences that make you feel good. So you're motivated to do them again and again. The drugs that may be addictive target your brain's reward system. They flood your brain with a chemical called dopamine. This triggers a feeling of intense pleasure. You keep taking the drug to chase that high.

Over time, your brain gets used to the extra dopamine. So you might need to take more of the drug to get the same good feeling. And other things you enjoyed, like food and hanging out with family, may give you less pleasure.

When you use drugs for a long time, it can cause changes in other brain chemical systems and circuits as well. They can hurt your:

- Judgment
- Decision-making
- Memory
- Ability to learn

Together, these brain changes can drive you to seek out and take drugs in ways that are beyond your control.

Who's Most Likely to Become Addicted?

Each person's body and brain are different. People also react differently to drugs. Some love the feeling the first time they try it and want more. Others hate it and never try again.

Not everyone who uses drugs becomes addicted. But it can happen to anyone and at any age. Some things may raise your chances of addiction, including:

Family history. Your genes are responsible for about half of your odds. If your parents or siblings have problems with alcohol or drugs, you're more likely as well. All genders are equally likely to become addicted.

Early drug use. Children's brains are still growing, and drug use can change that. So taking drugs at an early age may make you more likely to get addicted when you get older.

Mental disorders. If you're depressed, have trouble paying attention, or worry constantly, you have a higher chance of addiction. You may turn to drugs as a way to try to feel better. A history of trauma in your life also makes you more likely to have addiction.

Troubled relationships. If you grew up with family troubles and aren't close to your parents or siblings, it may raise your chances of addiction.

To avoid pain medicine addiction:

- Take the drug exactly as your doctor prescribes.
- Tell your doctor about any personal or family history of drug misuse or addiction; this will help them prescribe the medicines that will work best for you.

Remember, it's common for people to develop a tolerance to pain medication and to need higher doses to get the same level of pain relief. This is normal and is not a sign of addiction. With addiction, you may need to use higher doses, but it's not for pain relief. Still, talk to your doctor if this effect becomes troubling.

Don't Wait; Get Help Now

If your drug use is out of control or causing problems, talk to your doctor. Getting better from drug addiction can take time. There's no cure, but treatment can help you stop using drugs and stay drug-free. Your treatment may include counselling, medicine, or both. Talk to your doctor to figure out the best plan for you.

SANCA Drug Awareness Week (24-30 Jun)

Drug Overdose

Drug overdoses can be accidental or intentional. They occur when a person takes more than the medically recommended dose. However, some people may be more sensitive to certain medications, so the low (more dangerous) end of a drug may be toxic for them; a dose that is still within the range of acceptable medical use may be too much for their bodies to handle.

Illicit drugs, used to get high, may be taken in overdose amounts when a person's metabolism cannot detoxify the drug fast enough to avoid unintended side effects. Exposure to chemicals, plants, and other toxic substances that can cause harm are called poisonings. The higher the dose or the longer the exposure, the worse the poisoning. Two examples are carbon monoxide poisoning and mushroom poisoning.

Drug Overdose Causes

The cause of a drug overdose is either by accidental overuse or by intentional misuse. Accidental overdoses result from either a young child or an adult with impaired mental abilities swallowing a medication left within their grasp. An adult (especially seniors or people taking many medications) can mistakenly ingest the incorrect medication or take the wrong dose of a medication. Purposeful overdoses are for a desired effect, either to get high or to harm oneself.

Young children may swallow drugs by accident because of their curiosity about medications they may find. Children younger than age 5 (especially age 6 months to 3 years) tend to place everything they find into their mouth. Drug overdoses in this age group are generally caused when someone accidentally leaves a medication within the child's reach. Toddlers, when they find medications, often share them with other children. Therefore, if you suspect an overdose in one child while other children are around, those other children may have taken the medication, too.

Adolescents and adults are more likely to overdose on one or more drugs in order to harm themselves. Attempting to harm oneself may represent a suicide attempt. People who purposefully overdose on medications frequently have mental health conditions. These conditions may or may not have been diagnosed before.

Drug Overdose Symptoms
Symptoms of a drug overdose include (but aren't limited to):

- Problems with vital signs (temperature, pulse rate, respiratory rate, blood pressure) are possible and can be life-threatening. Vital sign values can be increased, decreased, or completely absent.
- Sleepiness, confusion, and coma (when someone cannot be aroused) are common and can be dangerous if the person breathes vomit into the lungs (aspirated).
- Skin can be cool and sweaty, or hot and dry.
- Chest pain is possible and can be caused by heart or lung damage. Shortness of breath may occur. Breathing may get rapid, slow, deep, or shallow.
- Belly pain, nausea, vomiting, and diarrhoea are possible. Vomiting blood, or blood in bowel movements, can be life-threatening.

Drug Overdose First Aid

Your doctor, your local poison center, or the emergency department of your local hospital may be able to help determine the seriousness of a suspected drug overdose. After a drug overdose, you'll need immediate and accurate information about the specific name of the drug, the amount of the drug ingested, and the time when the drug was taken. Often, the bottle the drug came in will have the information needed.
Source: Drug Abuse & Addiction: Effects on Brain, Risk Factors, Signs (webmd.com)

Blood Donations

Why should I donate?

Donating a unit of this "precious gift of life" saves lives of those in dire need of blood. One must develop a habit of donating blood in order for the South African National Blood Service (SANBS) to collect sufficient blood that will ensure that in cases of emergency quality blood is always available.

Your blood saves lives.

Thousands of patients would die daily if there is insufficient quality blood in stock. When one donates blood, they give patients the gift money cannot buy or science cannot create. A unit of blood can save up to three lives as blood is separated into red blood cells, plasma and platelets.

Who needs blood?

- Women haemorrhaging due to pregnancy complication and other gyneacological complications.
- Premature babies
- Children with severe anaemia.
- Accident trauma patients.
- Surgical and cancer patients.

Donor's Rights and Responsibilities

Giving your lifesaving blood to help in the medical care of patients justifies respect, courtesy, trust, and appreciation. The SANBS values its blood donors, as we could not fulfill our lifesaving mission to the South African community without the support of blood donors. To ensure that donors and prospective donors have full confidence in the blood donor process, we state the following rights and responsibilities of all donors

Donor's Rights

- Respect: You have the right to be treated with courtesy and respect in all interactions with SANBS employees and volunteers.
- Considerate and Respectful Collection and Care: You have the right to high quality, considerate, and respectful blood collection experience. You also have the right to receive prompt, truthful, and clearly understood answers to questions about the donation process.
- Quality Donation Standards: You have the right to be assured that SANBS meets or exceeds all requirements of the applicable standards in the collection and handling of blood donations.
- Privacy: You have the right to receive appropriate acknowledgment and recognition for donations and to be assured that all donor information is handled with confidentiality, privacy, and security.
- Information: You have the right to be informed of the ways in which SANBS intends to use the blood that is collected from you and to be assured that donations are used for their intended purposes.

Complaints: You have a right to file a complaint with the Quality department if you have a complaint or concern with regard to donor safety or quality.

Donor's Responsibilities

- Consideration and Respect: You are responsible for being considerate and respectful of other donors and SANBS staff by maintaining civil language and conduct in your interactions at all times. The SANBS does not tolerate any form of abuse or harassment of other donors or staff at its collection sites.
- Eligibility: You are responsible for providing accurate and complete information to SANBS regarding eligibility to donate blood.
- Following Instructions: You are responsible for following post-collection instructions as given. Please ask questions or tell us if you do not understand the instructions and notify us about any changes in your condition after leaving the donation site.

Who can donate to this cause?

The universal access to safe blood is the lifeline for the healthcare system of any nation. As South Africans, we can all be proud of our dedicated and selfless voluntary donors who regularly donate blood to save lives of thousands of our people every year.

Minimum Requirements to be a Blood Donor:

- You are between the ages of 16 and 75 years old, for first time donors.
- You weigh a minimum of 50 kgs (and platelets a minimum of 55 kgs)
- You are in good health.
- You lead a low-risk lifestyle.
- You consider your blood safe for transfusion.
- You have had a balanced meal within four hours of donating blood.
- You have not donated blood in the last 56 days (and platelets in the last 14 days.)
- Your pulse is between 60-100 regular beats per minute.
- Your blood pressure is below 180 systolic (first number) and below 100 diastolic (second number) (180/100mmHg) and above 100 systolic (first number) and above 60 diastolic (second number) (100/60mmHg).
- Your haemoglobin level is 12.g for females and 13.g for males/dL or above.

Our screening test ensures that your blood pressure and haemoglobin levels are within a safe range for you to donate.

Please ask for more information if:

- You have had surgery in the last 3 months or are due for an operation within the next 4 weeks.
- You are pregnant or breastfeeding your baby.
- You are on medication such as antibiotics
- You are from, or have travelled to, a malaria area.
- You have had cancer, heart disease, epilepsy, a bleeding disorder or any other chronic medical condition.
- You are involved in a "hazardous" occupation or sport e.g. operating heavy machinery, flying a plane, scuba diving, working at heights etc.

If you are deferred please note that we do so in the best interest of your health as well as the safety of the blood being donated.

Source: sanbs.org.za/donors/#Who_can_donate? Accessed 3 May 2024

Mens Health

Take charge of your health, gents. The sooner you do it, the better.

"It's not cool for a guy to wait until he's 50 to see a doctor," says Steven Lamm, MD, the medical director of NYU Langone Medical Center's Preston Robert Tisch Center for Men's Health. "Men need to care about their health above the waistline as well as below."

Here are his top tips:
1. Find a doctor. Choose one you're comfortable with, so you can "openly discuss all aspects of your health, from your mental state to your sexual function to your overall wellness," Lamm says.
2. See that doctor. "Just because you are feeling well doesn't mean you are well. Have a tendency toward denial? Don't ignore things like black stools, vision loss, or chest pain. Unfortunately, men have a tendency to do just that."
3. Get informed. "You do want to be knowledgeable and understand that you shouldn't ignore symptoms or complaints, but you don't want to self-diagnose."
4. Vary your workouts. "The body gets very comfortable when you always do the same workout. You have got to keep varying your exercises, and they have to be an age-appropriate mix of aerobics, muscle training, and stretching."
5. Eat to thrive. Getting enough nutrition is crucial. "It's more important than anything else except maybe sleep," Lamm says. "Focus on nutrients rather than calories," and eat a variety of healthy foods. "You can't achieve optimum nutrition with limited choices."
6. Prioritise sleep. "Get at least 7 hours. That's not something you should compromise. Men think they can overcome sleep deprivation by exercising or whatever," but that's a bad idea, he says.
7. Check your head. "Mental health is really, really important. Think about several things: Are you drinking too much? Are you paying attention to signs of depression or bipolar disorder, which often get missed? If you have a family history of mental illness, suicide, and/or substance abuse, you really need someone to help you review the signs and symptoms."
8. Care for your prostate. "The prostate grows as you get older. You'll almost certainly have symptoms, like urinary problems. A really healthy, low-fat diet will reduce the likelihood of prostate growth and may reduce the risk of prostate cancer."
9. Enjoy yourself. "Look forward to every day, to doing something for yourself every day, whether it's a run or listening to an audiobook or practicing meditation or yoga. Don't save up all of your fun for vacation."

Source: Top 10 Health Tips for Men (webmd.com) 3 May 2024

Aon Employee Benefits Consulting

We focus on Communication and Engagement, across Insurance, Retirement and Health, to Advise and Deliver solutions that create great Client Impact. We partner with our clients and seek solutions for their most important people and HR challenges.

Aon Resolution Centre (ARC)

If you do not get satisfactory assistance from your medical scheme, please do not hesitate to contact your allocated Aon Employee Benefits Healthcare Consultant or the **Aon Resolution Centre (ARC) on 0860 100 404.** Please remember to get a reference number from your medical scheme when escalating your query to the Aon Resolution Centre (ARC).

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This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

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