Secondary Headaches More Common in Elderly
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Contributing Writer

Scottsdale, Ariz. — Headache management in the elderly involves consideration of factors not often seen in younger patients, Larry W. Swanson, M.D., said in an interview at the American Headache Society meeting held in Scottsdale in July.

The possibility of secondary headache in the elderly is greater in older patients, who often experience polypharmacy and drug interactions, he said. Dr. Swanson, professor and chair of the division of neurology at the Mayo Clinic Medical School in Rochester, Minn., said headache ranks as the 10th most common symptom among elderly women and the 14th among elderly men.

Secondary headaches represent one-third of headaches in the elderly, compared with 10% in the general population (Headache 2005;45:298-306). Typical causes of secondary headaches in the elderly include lesions in the head or neck or cerebrovascular disease—both of which are more common in the elderly—as well as medication-induced headaches.

“Until recently, giant cell arteritis rarely seen before age 60, also should be considered. “New-onset headache is the key with giant cell arteritis,” Dr. Swanson said. Other common symptoms of giant cell arteritis include jaw claudication (which occurs in about 40% of cases), fatigue, and fever.

When elderly patients present with a headache, it is important to obtain a detailed history. It’s especially important to get a detailed medication history. Why? “Because patients have more medical conditions as they age, you’re much more likely to encounter polypharmacy, which increases the risk of drug interactions and side effects,” Dr. Swanson said.

Elderly patients are also prone to have a reduced tolerance to those side effects, he pointed out.

Headaches that are associated with medication are often generalized and of mild to moderate severity, and they may be throbbing.

The list of drugs that could be etiologic includes antibiotics, such as tetracycline; bronchodilators; cardiovascular drugs, such as vasodilators and antihypertensives; sedatives and stimulants; antidepressants, such as selective serotonin reuptake inhibitors; and reproductive drugs, such as estrogen.

With secondary headache ruled out, diagnosing and managing primary headaches in the elderly can pose unique challenges and atypical twists. Migraine headaches, for instance, peak in prevalence at about age 40 and are thus less common in the elderly.

That means migraines make up about 8% of headaches in women over age 60 and 3% in men. However, the literature indicates that migraines develop in about 2% of patients over age 50.

In the elderly, migraine headaches can be associated with reduced severity and frequency than in younger patients. But there can also be what neurologist C. Miller Fisher, M.D., described as “late-life migraine accompaniments”—including new onset of focal neurologic symptoms, positive visual displays, gradual buildup of visual and sensory symptoms, and serial progression.

Tension-type headaches, though also less common in older age, are more prevalent than migraines, with rates beyond age 65 varying between 27% and 44.5% and higher rates reported among women.

U.K. Considers Pulling Four Drugs

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“Antidepressants are a growing concern and increasing Alzheimer’s disease, said Dr. Lon S. Schneider, M.D., professor of psychiatry, who also is director of the psychopharmacology and memory laboratory at the University of Southern Pennsylvania. “The take-home message is that pain control is important, and it can be a key component of the treatment of Alzheimer’s disease.”

Dr. Schneider said NICE’s decision on antidepressants drugs as not cost effective will have implications into how these companies manage their pharmacores.

If the recommendation is accepted, no new prescriptions for antidepressants drugs will be written through the NHS, although the drugs will not be withdrawn from patients already taking them.

Physicians, advocacy groups, and families in the United Kingdom have bitterly criticized the proposal, announced on March 1. Critics of the proposal contend that the drugs’ true value can’t be measured by a single outcome. They also worry that such a decision would contribute to health care disparity in the country.

Britain’s health minister, Stephen Ladyman, said his department will ask NICE to reconsider its cost analysis. But the minister also said he would not interfere with NICE’s decision-making process.

NICE will render its final recommendation in July.

Swollen Joints, Pain May Predict Depression

Washington — The presence of pain in older adults is a significant risk factor for clinical depression, Stephen Harkins, Ph.D., said at the annual meeting of the Gerontological Society of America.

Poorly managed pain lowers quality of life in older persons across cultures, said Dr. Harkins, professor in the departments of gerontology, psychiatry, and biomedical engineering at Virginia Commonwealth University in Richmond.

He reviewed data on 2,900 adults (mean age 75 years) from the National Health and Nutrition Examination Survey and 2,081 adults (mean age 78 years) from the Australian Longitudinal Study on Aging. Both the American and Australian studies included data on musculoskeletal pain, including swollen joints and hip, back, knee, and neck pain.

Mean scores on the Center for Epidemiologic Studies–Depression (CES-D) scale were similar for older adults in the United States (9.3) and Australia (8.2). Overall, 47% of the adults surveyed reported pain in the past week, and the risk of depression was independently related to the presence, type, and number of musculoskeletal problems.

“The take-home message is that pain increases the probability of scoring high on a depression scale,” said Dr. Harkins, who also is director of the psychophysiology and memory laboratory at the university.

—Heidi Splete