



## HEADACHES CONNECTED TO ALLERGIES AND SINUS PROBLEMS

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About 70 to 80% of the North American population has headaches, with 50% experiencing at least one headache per month, 15% experiencing at least one weekly and 5% daily.<sup>1,2</sup> The occurrence of headaches rises sharply during the second decade of life. Then it levels off until the age of 40 to 50 years, after which it decreases.



While the majority of headaches are not a sign of a serious or life-threatening illness, they often affect quality of life. There are occasions where allergies or sinus problems can lead to a person to have headaches.

Headaches with **rhinitis (hay fever)** are common and may be due to sinus disease in and around the nasal passages. A sinus headache is hard to identify since headache specialists consider true sinus headache to be fairly rare. Recent studies suggest that patients who appear to have sinus headaches frequently have migraines.

People who have headaches that seem like they're originating in the sinus should be carefully evaluated by a physician. Making the right diagnosis is important because primary headache disorders like migraines need a very different treatment compared with rhinosinusitis.

Acute sinusitis occurs when there is a bacterial infection in one or more of the sinuses in your head. **Sinusitis** is often over diagnosed as a cause of headaches because of the belief that pain over the sinuses must be related to the sinuses. In reality, pain in the front of the head is more often caused by migraines. Migraines are confused with true sinus headaches because of their similar locations.

Headaches attributed to acute bacterial rhinosinusitis are a specific, rare diagnosis. Antibiotics are often used for treatment. Other options include steam, corticosteroids and decongestants. If sinusitis does not respond to medical treatment, surgery may need to be considered.

Chronic rhinosinusitis is one of the most common problems experienced with allergic rhinitis and can occasionally lead to headaches. Patients may also describe experiencing “sinus headaches.” However, it is controversial whether constant blockage of the nasal passages caused by allergic inflammation can lead to chronic headaches. Patients who experience blocked nasal passages should visit an allergist for testing. An allergist can find out what you are allergic to and help you manage your symptoms. Treatment strategies could include steps to avoid specific allergens, medications or allergy immunotherapy (allergy shots).

Another form of allergy immunotherapy was recently approved in the United States called **sublingual immunotherapy (SLIT) allergy tablets**. Rather than shots, allergy tablets involve administering the allergens under the tongue generally on a daily basis.

The criteria below are used by physicians to diagnose rhinosinusitis headaches:

- 1) A headache in the front of your head with pain in one or more areas of the face, ears, or teeth and clinical or laboratory evidence of acute or chronic rhinosinusitis. For example, your doctor might do a nasal endoscopy, which lets him or her see what is happening in your nasal and sinus passages.
- 2) Headache and rhinosinusitis symptoms that occur at the same time.
- 3) Headache and/or facial pain that goes away within seven days after decreased symptoms or successful treatment of acute or chronic rhinosinusitis.

The majority of people with self-diagnosed sinus headaches are really suffering from migraines, which is why it is important to see a doctor to get a correct diagnosis. Research also supports a link between migraine and allergy, so your physician will consider both migraine headache and sinus headache if you are experiencing headaches and allergic rhinitis.

#### **References for the statistics mentioned:**

1. Jones NS. Sinus headaches: avoiding over- and mis-diagnosis. *Expert Rev Neurother* 2009 April; 9 (4) 439-444.
2. Spierings EL. Acute, subacute, and chronic headache. *Otolaryngol Clin North Am* 2003 Dec.; 36 (6): 1095-1107.

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