



Headaches

A headache is a symptom and its causes are many and frequently unknown. Severe headaches of recent onset may be due to significant disease such as intracranial tumor and severe hypertension.

Migraine headaches were once considered to be vascular headaches but the cause is unknown. They are commonly one-sided in nature and the following symptoms can accompany a migraine headache:

- ⇒ Nausea
- ⇒ Vomiting
- ⇒ Temporary neurological symptoms such as visual disturbances, temporary paralysis, speech loss, etc. Some of these symptoms may be difficult to distinguish from a small stroke.

Cluster headaches are periodic, one-sided headaches that are severe and occur suddenly. The eye, temporal region and face are involved and they often occur two or three times each night over a period of weeks. After the cluster of headaches have stopped, the person may be symptom-free for weeks or months.

Headaches, Not Described As Migraine Or Cluster

Cause known	Rate For Cause
Cause unknown	
Mild to moderate, occasional, few hours duration, not incapacitating	0
More severe	Rate as migraine

Migraine or Cluster Headache

Onset within 6 months, consider possibility of brain disorder or tumor	Postpone
After 6 months and stable pattern:	
No more than once a month, incapacitating not more than 2 days, on medications but not narcotics	0
More severe attacks such as more than once a month, incapacitating more than 2 days, multiple medications or narcotic use, temporary neurological signs or hospitalizations for migraine	Table B
If disabled from full time employment or with co-morbid psychological impairment or narcotic abuse	Decline

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Headaches - Ask "Rx" pert underwriter
(ask our experts)

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has headaches, please answer the following:

1. Please list date when first diagnosed: _____
2. What type of headache was diagnosed?
 - Migraine
 - Cluster
 - Tension
 - Other _____
3. Was your client incapacitated from work due to the headache?
 - yes
 - noIf yes, when and for how long? _____
4. Please describe frequency of attacks: _____

5. Please give date of most recent attack: _____
6. Is your client on any medications?
 - yes, please give details _____
 - no
7. Has your client smoked cigarettes in the last 12 months?
 - yes
 - no
8. Does your client have any other major health problems (example: heart disease, etc.)?
 - yes, please give details _____
 - no

After reading the *Rx for Success* on Headaches, please feel free to use this *Ask "Rx" perts* for an informal quote.

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