

VETERANS AND HEADACHE DISORDERS

FACTS AND STATS

For female service members and veterans, the second most common health diagnosis (24%) is migraine.

Post-traumatic headache is almost universal among veterans who have experienced a traumatic brain injury. Head pain can manifest weeks or months after the injury.

63% of veterans exposed to multiple sources of trauma experienced head pain.

Common comorbidities among **veterans with head pain** include limb, back, and neck pain, PTSD, depression, and anxiety.

Veterans with chronic head pain had the highest rate of suicide attempts among all types of chronic pain conditions. This risk **increases when head pain is associated with traumatic brain injury**.

The stigma of living with an invisible disease like a headache disorder can compound the difficulty veterans face after rejoining civilian life.



VETERANS AFFAIRS' (VA) CLASSIFICATION OF HEADACHE DISORDERS

- **Primary headache disorders**
 - Tension-type headache (mild to moderate pain, accompanied by pressure or tightening)
 - Migraine (moderate to severe pain, can last hours to days, accompanied by other physical symptoms)
 - Cluster headache (severe, stabbing pain, can occur multiple times per day)
- **Secondary headache disorders**
 - Post-traumatic headache (occurring after a traumatic brain injury)
 - Cervicogenic headache (typically associated with neck pain)
 - Medication overuse headache (sometimes called rebound headache; associated with frequent use of headache medications)

VA AND MIGRAINE

- **VA benefits are tied to a service-connected disability** (the disorder is directly related to military service) **or a secondary service connection** (the disorder stems from another health condition related to military service).
- **VA offers migraine disability benefits based on a severity rating with a maximum of 50 percent.**
 - 50 percent: very frequent, completely prostrating (requiring the person to lie down to recover), prolonged attacks with "severe economic inadaptability" (work impairment)
 - 30 percent: prostrating attacks averaging once a month
 - 10 percent: prostrating attacks averaging one every two months
 - 0 percent: less-frequent attacks



TREATMENT OPTIONS

- Preventive medications (taken regularly if people have frequent migraine attacks) and acute medications (taken at the onset of an attack)
- Lifestyle changes or “headache hygiene” such as a balanced diet, regular exercise, consistent sleep, wearing tinted glasses or brimmed hats to reduce exposure to bright lights, and avoiding triggers
- Neuromodulation devices that noninvasively deliver a brief magnetic pulse to the brain for the acute and preventive treatment of migraine and cluster headache.
- Noninvasive vagus nerve stimulation (covered with an order from a VA provider to prosthetics)
- Physical therapy
- Transcranial magnetic stimulation (TMS)
- Botulinum toxin injections
- Acupuncture
- Behavioral health treatments and therapy, including stress management (helps cope with stress and reduce its effects), guided imagery (creates positive imaginary scenarios and promotes a relaxed state), trauma-focused cognitive behavioral therapy (helps process traumatic life events), and eye movement desensitization and reprocessing or EMDR (reduces intensity of emotional response to traumatic memories) can help address veterans' unique needs



WHERE TO FIND SUPPORT

U.S. Pain Foundation's Basic Training for Veterans with Pain Chronic Pain Support Group: painconnection.org/support-groups

- Find a Veterans Affairs location near you: va.gov/find-locations
- Explore the VA's mental health services: mentalhealth.va.gov
- Learn if there is a Veterans Affairs Headache Center of Excellence near you
- Find mental health and suicide-prevention services through Save a Warrior: saveawarrior.org
- Miles for Migraine: milesformigraine.org/migraine-support-community-groups