

Headaches are common in arachnoiditis and may arise for a variety of reasons, including muscle tension. In individuals who have a history of iophendylate (Myodil/Pantopaque) myelography, residual dye in the basal cisterns may be the culprit.

Aldrete reported frequent headaches (more than 4 a week) in 80% of his survey cases. 59% of the New Zealand survey respondents reported this problem.

Headache experienced more than 15 days a month falls in the category Chronic Daily Headache, which includes various types of headache.

The International Headache Society, IHS, has categorised chronic daily headaches. Chronic daily headache is a widespread clinical problem and accounts for almost 40% of patients seen in specialty headache clinics.

Although these tended to be regarded as chronic tension-type headaches, from clinical studies, however, it is clear that these are different types of headaches, of which, tension-type headaches in fact form only a minority. Headaches may be classified as follows:

- I. Chronic tension-type headache - form only 10%
- II. Migraine chronic tension-type headache complex

- A. Transformed from episodic migraine
- B. Transformed from episodic tension-type headache which are either drug-induced or non-drug related.

III. Chronic new persistent daily headache

IV. Post-traumatic headache

Some of these headaches may be due to excessive use of symptomatic medication, including the category of 'transformed migraine' in which people with migraine headache begin to use excessive amounts of over-the-counter medication.

They develop a tolerance to medication over a period of time, therefore needing more tablets to control the headache. They then develop withdrawal symptoms and get daily headache. Medications of this type include non-steroidals, aspirin, and other over-the-counter analgesics.