CAUSES AND TYPES

Headaches are common and have many causes. The most common type of headache is pain from tense muscles in the head, neck, or shoulders (muscle tension headaches). These are usually of little consequence to the Life underwriter. Severe headaches of recent onset may be due to serious medical conditions such as brain tumor, hypertension, arthritis, aneurysms, bleeding inside the skull, and stroke.

CLUSTER AND MIGRAINE HEADACHES

The most common types of severe headaches encountered by the underwriter are migraine and cluster. A cluster headache is excruciating pain near one eye. The eye may become red and watery, and the nose might run. The cause is unknown. They are more common in men than women. They tend to come in cyclical near-daily clusters (often at night) with each headache lasting 30 minutes to 3 hours. After a cluster stops, the sufferer may be symptom-free for long periods of time. Treatment includes oxygen inhalation and Sumatripan.

Migraine headaches, like cluster headaches, tend to be unilateral (one-sided) though not always. They are due to altered levels of a chemical called serotonin. They can be associated with nausea and vomiting, irritability, stuffy nose, tender scalp, intolerance of light, sound or smell, confusion, sweats, etc. They can also be associated with neurological symptoms such as visual disturbances, temporary paralysis, and loss of speech, making them difficult at times to distinguish from transient ischemia attacks or small strokes. Migraines are more common in women than men. They can be triggered by menses, birth control pills, activity including sexual activity, changes in weather, stress, fasting, etc. Many foods can trigger migraines as well, such as red wine and aged cheese. Many drugs are available to both treat and prevent acute migraines.

Continued on next page.
<table>
<thead>
<tr>
<th>HEADACHES DESCRIBED AS MIGRAINE OR CLUSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause known</td>
</tr>
<tr>
<td>Cause unknown: Evaluated by physician with imaging completed and/or neurologist consulted</td>
</tr>
<tr>
<td>➤ Chronic/frequent narcotic medication not required</td>
</tr>
<tr>
<td>➤ Chronic/frequent narcotic medication(s) being used prescribed</td>
</tr>
<tr>
<td>Cause unknown: Not evaluated by a physician</td>
</tr>
<tr>
<td>➤ Onset not within six months—mild, occasional, few hours duration, not incapacitating</td>
</tr>
<tr>
<td>➤ Others</td>
</tr>
</tbody>
</table>
Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the Rx for Success on Headaches, use this for an informal quote.

<table>
<thead>
<tr>
<th>Producer: ___________________________</th>
<th>Phone: ___________________________</th>
<th>Fax: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client: ___________________________</td>
<td>Age/DOB: ___________________________</td>
<td>Sex: ___________________________</td>
</tr>
</tbody>
</table>

If your client has headaches, please answer the following:

1. 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. If yes, when and for how long? __________________________________________
- [ ] No

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 (e.g., heart disease, etc.)?

- [ ] Yes. (Please give details.) ________________________________________________
- [ ] No