

## Headache management in the COVID-19 era: overview of existing recommendations in the literature

*Manejo das cefaleias na era COVID-19: visão geral sobre recomendações existentes na literatura*

DOI 10.5935/2595-0118.20210042

Since the start of the pandemic, many services had to be adapted to the new times. Patients with chronic headache often need specialized monitoring from tertiary headache centers but face to face care was partially or completely suspended due to new recommendations, such as social/physical distancing measures for limiting the spread of the coronavirus infection.

It's worth mentioning that headaches can be considered symptom (secondary headache) or disease (primary headache). Headaches have also arisen as one of the neurological symptoms associated with the infection of SARS-CoV2<sup>1</sup> or as a consequence of stress caused by isolation and sudden changes in daily life. In that sense, care of previous existing conditions as well as new cases of headaches have been drastically affected<sup>2</sup>.

Although limited, there are strategies published in international editorials on the management of headaches in this period<sup>2,3</sup>. These strategies comprise abortive methods for crisis and preventive treatments. These guidelines are more focused on patients with migraines<sup>4</sup>, however, taking into consideration the current scenario, some options may transcend for use in other subtypes of headaches.

For instance, patients with migraine need invasive procedures that are performed in health care centers, such as neuromuscular or peripheral nerve blocking<sup>4</sup>. Alternatively, other proposed pharmacological options are anti-inflammatory drugs, neuroleptics, and triptans.

Non-pharmacological options include physical therapy through manual therapy resources, general and specific physical exercises, pain-related education and use of neuromodulation devices. Other options consist of cognitive-behavioral therapy, mindfulness techniques and integrative and complementary health practices (acupuncture, massage, tai chi, meditation, biofeedback), which also present degrees of recommendation for the management of headaches<sup>4</sup>.

One of the main current and emerging challenges is to translate the existing evidence to the format of telerehabilitation in headache management<sup>5</sup>. Available telerehabilitation resources may provide steps similar to face to face treatment, in which assessment, follow up and therapeutic planning and execution use several technologies such as electronic diaries for the monitoring and screening of these headaches and applications for the control of daily habits<sup>2-5</sup>.

Although the use of telerehabilitation is promising, there is still no scientific evidence of strong or safe feasibility supporting it for patients with headache disorders, including considering different sociocultural contexts. Moreover, it must be taken into consideration that even with the growing evidence in the field, headache disorders are still underestimated, undertreated, and underdiagnosed, a reality from even before the pandemic era<sup>5</sup>. This causes controversies in terms of telerehabilitation implementation, with some of the main concerns being issues related to privacy and confidentiality of the new resources and patient data<sup>5</sup>.

Since we are still in the process of adapting to telerehabilitation, these recommendations may change according to the integration of new studies in the literature. The consensus with clinical guidelines recommend the use of programs that include headache evaluation and monitoring, as well as educational resources for self-management of headaches and effective rehabilitation strategies, such as behavioral strategies, exercises, physical therapy interventions and integrative and complementary health practices<sup>5</sup>.

For the aid in the development and implementation of these telerehabilitation programs in headache patients, we would like to suggest as a complimentary reading the guidelines of the International Classification of Headache Disorders, American Academy of Family Physicians Foundation, American Headache Society, American Academy of Neurology, and the Departments of Defense / Veterans Affairs guidelines<sup>5</sup>.

Finally, telerehabilitation emerges with equalizing potential to offer treatment for those that can't access face to face health services for whatever reason, being a great promise of strategy for headache treatment<sup>5</sup>. We hope that these initiatives increase awareness over the evaluation and treatment of headaches among health professionals, facilitating decision taking and managing of patients in the future. It should also be reinforced that research should be developed in order to increase scope of evidence on the field of headaches and telerehabilitation.

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## REFERENCES

1. Delavari F, Varzaneh FN, Rezaei N. Neurologic Manifestations of COVID-19. In: Rezaei N, organizador. Coronavirus Disease - COVID-19 [Internet]. Cham: Springer International Publishing; 2021 [citado 17 de maio de 2021]. p. 343–53. (Advances in Experimental Medicine and Biology). Disponível em: [https://doi.org/10.1007/978-3-030-63761-3\\_20](https://doi.org/10.1007/978-3-030-63761-3_20).
2. Bobker SM, Robbins MS. Virtual Issue: COVID-19 and headache. *Headache: The Journal of Head and Face Pain*. 2021;61(3):412–3.
3. Wells RE, Strauss LD. The value of headache-specific recommendations during COVID-19. *Headache*. 2020;60(5):820–3.
4. Sziperka CL, Ailani J, Barmherzig R, Klein BC, Minen MT, Halker Singh RB, et al. Migraine care in the era of COVID-19: clinical pearls and plea to insurers. *Headache*. 2020;60(5):833–42.
5. Telerehabilitation for Headache Management. *Physical Medicine and Rehabilitation Clinics of North America*. 1o de maio de 2021;32(2):373-91.

