Are Occipital Headaches a Symptom of RA?

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Occipital Headaches and RA: Is It a Symptom?

Occipital headaches, also called occipital neuralgia, are a form of a headache that causes pain in the upper part of the neck and back of the head. They are very common in people with RA who have spine involvement.

What Are Occipital Headaches?

Occipital headaches occur when the pain starts in the occipital region and spreads to your occipital nerves.

The occipital region is located in the back of the skull, and the cranial bones protect it. Your occipital nerves run from the top of your spinal cord to your scalp.

Occipital headaches are different than other headaches as they are often triggered very quickly. Something as simple as brushing your hair can trigger an occipital headache.

The worst of an occipital neuralgia attack is brief, intense and sharp lasting a few minutes although the headache can go on for hours. This distinguishes it from a migraine, which, while severe, lasts much longer, days in some instances, and comes on gradually.

According to the American Migraine Foundation, occipital headaches affect three out of 100,000 people yearly. However, while limited, most of the research on RA and occipital headaches seems to suggest these headaches are more common in people with RA than others in the general population.

Spine Involvement Is to Blame

The occipital headache-RA connection has to do with cervical spine involvement. Your cervical spine starts at the small bones closest to your skull, going down the back of your neck and back.

Research shows RA patients with spine involvement have neurological symptoms and headaches. But most don’t know they have spine involvement, even though they experience neck pain and stiffness and/or neurological symptoms.

A 2015 report out of the New York Medical College in Hawthorne, New York, states up to 80% of people with RA have spine involvement, which can be seen on x-rays as early as two years after diagnosis. The researchers believe occipital headaches occur when the occipital nerves become compressed and inflamed at the C1, C2 and C3 nerve roots, part of the C1 to C3 vertebrae.

The C1 and C2 vertebrae are located just directly at the back of your skull, and they are responsible for holding up your head and movement of your head and neck. The C3 region starts the midsection your cervical spine, near the base of your neck.

Who Is At Risk for Occipital Headaches?

Anyone with degenerative cervical spine changes can find themselves struggling with these debilitating headaches. Osteoarthritis, degenerating discs, and spondylosis can affect your cervical spine and cause the occipital nerves to become irritated and inflamed over time.

Trauma and injury are also common causes. While uncommon, tumors affecting the C1, C2, and C3 nerve roots may also cause occipital headaches.

What Are the Symptoms of Occipital Headaches?

For most people, occipital headaches strike one side of the head, but they can also spread. They tend to affect the area where the skull meets the neck and will travel up the back of the head to the sides of the eyes and behind the eyes.

Some people may even experience scalp tenderness and sensitivity in the area where the occipital nerves meet.

Occipital headaches come and go in sharp spurts of pain, lasting less than a few minutes at a time. Between these spurts, you may experience a lingering ache in the pain regions affected by this type of headache.

Movement can trigger pain spurts, and something as simple as turning your head to the side or putting your head down on a pillow can bring about pain.

Some people experience neurological symptoms associated with these headaches, including slurred speech and difficulty with balance and coordination. Additional symptoms include nausea, vomiting, and sensitivity to lights and sounds.

The symptoms of occipital headaches can be quite intense, and you may wonder if you are experiencing a migraine, but these headaches are very different and require different treatments.

Occipital Headaches vs. Migraines

I have started experiencing occipital headaches after injuries from an automobile accident seven years ago. The injuries from that accident have mostly resolved but because I have RA, I still experience occipital headaches on occasion, and they are quick to stop me in my tracks.

The headaches I experience typically start at the nape of my neck – the area where the base of your skull and neck meet. The pain is throbbing, aching and/or burning and spreads towards the forehead, scalp, and eyes.

There is also sharp, shock-like piercing pain in the upper part of the neck and back of the head. Pain is usually one-sided, but sometimes, on both, especially as it spreads, and there is eye pain – in my case, usually behind my eyes.

Occipital headaches also cause tenderness in the scalp and pain with movement. They may also cause neurological changes and nausea and vomiting.

What distinguishes occipital headaches from migraines is that the latter is related to changes in the brain whereas irritated nerves cause occipital headaches in the upper part of your cervical spine. Moreover, migraine headaches tend to be triggered, and include visible disturbances and symptoms that start long before the headache itself starts.

Diagnosis and Treatment of Occipital Headaches With RA

Your doctor can diagnose occipital headaches with a physical exam and medical history. Because this condition

causes tenderness in the occipital nerves, a doctor can press on these areas to see if you experience pain.

Doctors can mistake occipital headaches with migraines because they do share some similar qualities, especially when patients start to describe their symptoms, including some pain areas, light sensitivity, nausea, and vomiting.

The best way to confirm occipital headaches is with nerve block injections. If pain and other symptoms resolve, it is a strong indication of irritation and inflammation in occipital nerves.

Doctors try not to employ nerve block injections often because they are sensitive procedures, and their effects wear off within three months. Your doctor will recommend less invasive treatments first.

You may get relief by relaxing and releasing the muscles putting pressure on your occipital nerves. Try:

- Warm compresses
- Massage
- Anti-inflammatory pain relievers
- Physical therapy

Your doctor can also prescribe muscle relaxers (to relax muscles) or anticonvulsants (to normalize nerve impulses) to offset symptoms.

The Takeaway

Occipital headaches are very common in people with RA, due to spine involvement and significant inflammation. They are generally not life-threatening, but the pain associated with them can be quite debilitating, especially when RA already causes considerable pain.

Your doctor or rheumatologist is in the best position to determine whether the headaches you experience are occipital ones and if you have spine involvement. It is, therefore, important to discuss head and neck symptoms with your doctor so he or she can make a diagnosis and find ways to manage pain better.