

A guide for occipital neuralgia patients

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Giorgio Pietramaggiore, MD, PhD and Saja Scherer, MD, from the Global Medical Institute, help us to understand occipital neuralgia in this detailed patient guide

Migraines are a heterogeneous cluster of diseases with the common denominator of headaches. Accompanying symptoms, such as nausea, visual disturbances, malaise, and extreme fatigue, can be as handicapping as the headaches themselves.

Among migraines, occipital neuralgia stands as a condition that can significantly disrupt daily life for those afflicted. Occipital neuralgia is characterised by constant pain and pressure in the back of the head. It also manifests with intense, piercing irradiations in the posterior scalp, sometimes felt through the eyes. While its name might sound daunting, gaining a comprehensive understanding of occipital neuralgia is essential for both patients and non-affected individuals.

What is occipital neuralgia?

Occipital neuralgia refers to a distinct type of headache characterised by chronic pain in the occipital region, which is the posterior part of the head. Sudden attacks of stabbing and more intense pain are also triggered by the constant irritation of the occipital nerves. During these attacks, patients may feel as if the posterior scalp is burning or electrified, and the pain can irradiate to the temples and in the eyes.

Causes and triggers

Understanding occipital neuralgia's underlying causes and triggers is crucial for effective management. As for many other forms of migraines, the exact aetiology cannot always be identified. Several factors commonly contribute to the development of this condition:

1. Trauma:

Injury to the back of the head or neck, such as whiplash from a car accident or a fall, or surgery can damage the occipital nerves, leading to neuralgia.

2. Muscle tension:

Chronic muscle tension in the neck and upper back can exert pressure on the occipital nerves, causing irritation and pain.

3. Poor posture:

Prolonged periods of standing or sitting with poor posture (such as looking into a smartphone or working on a computer) can strain the muscles and nerves in the neck, exacerbating occipital neuralgia.

4. Cervical spine abnormalities:

Structural abnormalities in the cervical spine, like herniated discs or bone spurs, may impinge upon the occipital nerves, triggering symptoms.

5. Medical conditions:

Certain medical conditions, such as diabetes, arthritis and infections, can increase the risk of developing occipital neuralgia.

Taken together, it seems that several factors related to modern lifestyle, such as not practicing enough physical activity and spending too much time in front of screens may contribute to the development of this chronic condition.

Anatomy

Occipital nerves, also called Arnold's nerves, are responsible for the sensation of the posterior head. These nerves run from the cervical (upper) spinal cord up through the scalp. Between the cervical spine and the scalp, these nerves cross a region called the nuchal line, which is where the trapezius and sternocleidomastoid muscles insert on the skull. In this area, nerves are subjected to mechanical strain by the tendinous part of the large muscles of the back. Similarly, when it comes to carpal tunnel syndrome, the occipital nerve may get pinched in the occipital tunnel at the passage in the nuchal line. When compression on the nerves starts, inflammation increases, and neuropathy starts.

Symptoms

Recognising the hallmark symptoms of occipital neuralgia is essential for early detection and appropriate treatment. While the primary symptom is typically severe, shooting pain in the back of the head, other common manifestations may include:

1. Tenderness:

The scalp may feel tender to the touch, particularly in the affected areas.

2. Sensitivity to light:

Some individuals may experience heightened sensitivity to light (photophobia) or sound (phonophobia) during episodes of pain.

3. Limited range of motion:

Pain and stiffness in the neck and upper back can restrict movement and exacerbate discomfort.

4. Radiating pain:

The pain associated with occipital neuralgia may radiate from the base of the skull to the sides of the head or behind the eyes, resembling a migraine headache.

5. Numbness or tingling:

Individuals sometimes experience numbness, tingling, or a pins-and-needles sensation in the scalp.

Diagnosis and treatment

Diagnosing occipital neuralgia typically involves a thorough medical history review, physical examination, and, in some cases, diagnostic imaging studies such as CT or MRI scans to rule out other potential causes of symptoms.

For the diagnosis, an occipital nerve block (confirmed by the anaesthesia of the back of the head) should provide temporary pain relief.

Once diagnosed, treatment strategies aim to alleviate pain, reduce inflammation, plus improve overall quality of life. Common approaches may include:

1. Lifestyle modifications:

Practicing good posture, maintaining a healthy weight, managing stress, and avoiding activities that exacerbate symptoms can all contribute to long-term symptom management.

2. Physical therapy:

Targeted exercises and stretches designed to improve posture, strengthen neck muscles, and alleviate tension can help manage symptoms and prevent recurrence.

3. Acupuncture:

This alternative therapy involves inserting thin needles into specific points on the body to promote pain relief and relaxation.

4. Medications:

Nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and anticonvulsant medications are often prescribed to alleviate pain and reduce nerve inflammation.

In severe cases where conservative treatments fail to provide adequate relief, interventions may be considered:

1. Nerve blocks:

Occipital nerve blocks, which involve injecting a local anaesthetic and corticosteroid medication near the affected nerves, can temporarily relieve pain. In most cases, the block lasts between ten and fourteen days.

2. Surgery:

1. Nerve decompression surgery is a long-lasting solution. Much like in carpal tunnel surgery, the occipital nerves are decompressed and liberated from the tendinous structures that irritate them.

Living with occipital neuralgia

While occipital neuralgia can pose significant challenges, proactive management strategies can empower individuals to lead fulfilling lives despite their condition. Engaging in regular physical activity, practising stress-reduction techniques like meditation or deep breathing exercises and seeking support from healthcare professionals and support groups can all contribute to better symptom management and overall well-being.

It's important to remember that each individual's experience with occipital neuralgia is unique, and seeking the most effective treatment approach may require patience and perseverance.

By staying informed, proactive, and optimistic, individuals can navigate the challenges of occipital neuralgia with resilience and hope for a brighter future.

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