









**Table 1 Percentage of patients with headaches affecting work**

Headache effect on work	Percentage of people
Yes	64%
No	36%

**Table 2 Percentage of patient's sleep affected due to headache**

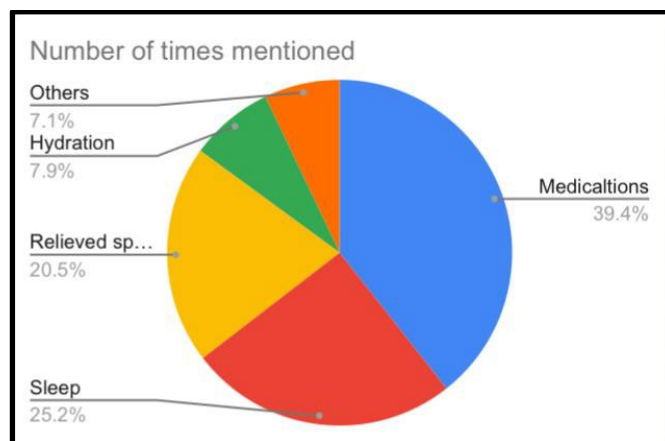
Headache effect on sleep	Percentage of people
Yes	70%
No	30%

**Table 3 Percentage of patients with a history of sinusitis**

Sinusitis history	Percentage of people
Yes	38%
No	62%

**Table 4 Percentage distribution of site of headache**

Location of the headache	Percentage of people
Forehead	30%
Temporal	20%
Retro-orbital	12%
Occipital	8%
Entire head	14%
Neck	6%
Sides	10%



**Figure 5 Relieving factors**

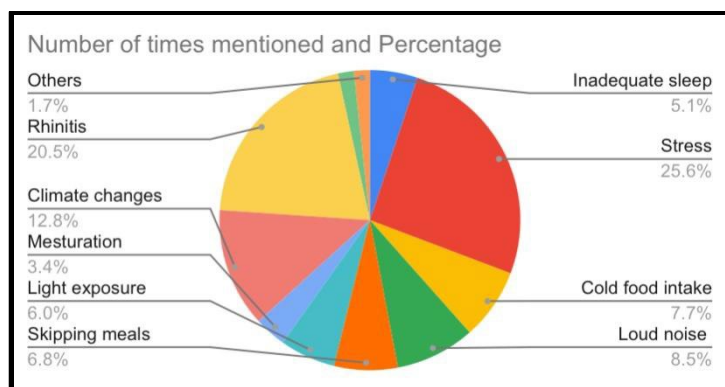


Figure 6 Common triggers

## DISCUSSION

The study was conducted in a tertiary care hospital in Thandalam, and the objective of the study was to know the incidence of patients coming to the ENT specialist with complaints of headache. The age group included in the study was from 12 years to 72 years and was divided into 6 categories: 12 years to 22 years (7%), 23 years to 32 years (13%), 33 years to 42 years (30%), 43 years to 52 years (23%), 53 years to 62 years (18%), and 63 years to 72 years (9%), with a maximum of 30% found in the category of 33 years to 42 years of age. Many studies have found that the incidence of headaches decreases after the age of 40.

According to the study, females suffer from headaches more commonly than males, with the incidence being 54% in females and 46% in males in this study. Many epidemiological studies have also found that women have a higher prevalence of headaches [12-14].

Sinusitis was found to be the most common diagnosis in patients presenting with headache complaints or referred from other departments to rule out secondary etiology at a tertiary care center's ENT department (37%). Sinusitis can be diagnosed by taking and examining the paranasal sinuses [15,16]. DNS (20%), migraine (20%), tension-type headache (18%), cranial neuropathies (3%), and substance withdrawal (2%) were the other causes of headache encountered.

Among the vast list of triggering factors for the headache, the most common was found to be stress (25.6%). Stress is the most common trigger for headaches in various studies as well [12,13]. Rhinitis (20.5%) was found to be the second most common triggering factor. Other triggering factors include climate changes (12.8%), loud noises (8.5%), cold food intake (7.7%), skipping meals (6.8%), light exposure (6%), inadequate sleep (5.1%), menstruation in female patients (3.4%), and others (1.7%).

The relieving factor was most commonly found to be medications (39.5%). 13.25% of people were relieved of headaches with good sleep. Some people had spontaneous relief from the headache (20.5%) or mostly didn't know the actual cause of relief for the headache. Proper hydration was also a specific relieving factor for a few patients (7.9%).

A few of the patients were also referred to other specialists in the hospital, like ophthalmology, neurology, psychiatry, and general medicine, for future management of the headache, and patients were referred from these specialty departments to ENT for the evaluation of headaches of secondary Etiology.

## CONCLUSION

Headache is one of the most common complaints among people of all ages. According to many studies, most headaches have a trigger factor and a definitive relieving factor, which are stress and medications, respectively. It is more common in the female gender than in the male gender. Most of the patients presenting to a physician suffer from a muscular type of headache or a vascular type of headache, unlike other people diagnosed with sinusitis either by the treating physician or by self-diagnosis. Hence, most of the patients who come with the complaint of a headache can be treated by a general physician. At the same time, a secondary etiology for the cause of the headache must also be ruled out.

The treatment of headache must usually be a multidisciplinary approach involving an ENT specialist, Ophthalmology, Neurology, Psychiatry, and a general physician, which can be beneficial for the treatment of the patient.

## DECLARATIONS

### Conflict of Interest

The authors' declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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