

Chemotherapy-related headaches are a recognized side effect of treatment and can range from mild pressure to severe migraine-like pain, often with specific patterns and triggers.

Typical chemotherapy-related headache symptoms

- Location and quality: Dull pressure or tight band around the head (tension-type), throbbing or pulsating pain often on one side (migraine-like), or diffuse ache across the whole head.
- Timing: May start during infusion or within hours to days after chemotherapy and can last from a few hours to several days; may recur in a similar pattern with each cycle.
- Associated features: Nausea, vomiting, sensitivity to light and sound, fatigue, or dizziness, especially when headaches are migraine-like.

Red-flag features in chemo patients

- Sudden, very severe “worst headache of your life”.
- Headache with fever, stiff neck, confusion, trouble speaking, weakness, vision changes, or after a fall/head injury.
- New or rapidly worsening headaches different from usual pattern, especially in someone with brain mets risk or on drugs linked to clotting/bleeding.

Common triggers and contributors during chemo

- Direct drug effect on the brain and blood vessels (for example platinum agents like cisplatin/carboplatin, some taxanes, targeted therapies, and immunotherapies).
- Dehydration from nausea/vomiting or poor intake, anemia, sleep disruption, stress/anxiety, high or low blood pressure, and steroid use or withdrawal.

Symptom pattern to document for clinicians

- When the headache starts in relation to chemo (during infusion, same day, 1–3 days later).
- Where it hurts, how intense it is (0–10 scale), what it feels like (pressure, throbbing, stabbing), how long it lasts, and what helps or worsens it (light, noise, movement, lying flat).

If you share your intended audience (patient triage script vs. clinician note text), the above can be reshaped into a ready-to-drop symptom block matching your format.