**Central Nervous System Conditions**

Migraine type of headache is defined by its manifestation. It is usually localized in one anatomical area of the head. It is not global. The localization of the head migraine makes it to cause manifestation in the functions associated with the area. The occipital areas migraine causes visual aura which may cause visualization of flashes of light and sometime blurred vision. Migraine headache is not continuous since it last for two or three hours (Lucas et al., 2014). Tension head, on the other hand, is the commonest and is caused by increased tension on the muscles of the scapular and neck. The headache is global and felt equally on all anatomical areas of head. This type of headache can last from one to a couple of days (Lucas et al., 2014). They are usually not life-threatening. Cluster headache are least common and they are described as being phasic shooting pain in that they change within 30 minutes to two hours. Most common manifestation is swelling of the eye. The diagnosis of migraine, cluster and tension headache depend on history of presenting illness of the patient. Localized headache lasting for few hours are likely to be due to head migraine. They may also present with vomiting. The other probable causes head ache are high blood pressure, tumors, and electrolyte imbalance. The diagnosis can be established by taking the vital signs, the plasma electrolyte and imaging studies to check presence of tumors. This lab test and imaging will help in refining the diagnosis. Management dependent with the etiology. If it is caused by imbalance of electrolytes then it should be normalized. The vital measures should be within normal range and in case of a tumor then surgery should be done to decompress the brain tissue. The head caused by psychological stress can be managed through improving on sleeping habits and use of antidepressants

Dementia of Alzheimer type (DAT) is a progressive neurogenerative disease marked by a reduction in memory and cognition, challenges in carrying out daily chores and other psychiatric symptoms (Alzheimer’s, 2015). It further described as a convergence syndrome with a variety of genetic and environmental abnormalities that leads to brain damage (Alzheimer’s, 2015). DAT leads to mitochondrial damage, selective loss of neurons and synapses in brain lobe associated with memory and cognition which then manifests as clinical which causes the dementia. It is slow and progressive. The patients present with psychiatric symptoms like aggression, depressive episodes, lack of interest, and auditory hallucinations.  Evaluation of DAT is based on cognitive domains (Alzheimer’s, 2015). Montreal cognitive tool and memory impairment tool are mostly used in the evaluation of the DAT patients. Management of this condition requires both pharmaceutical and non-pharmaceutical measures. Cholinesterase inhibitors like rivatigmine and donepizil are used. Emotion stimulation, stimulation orientation, and behavior orientation can be used.

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