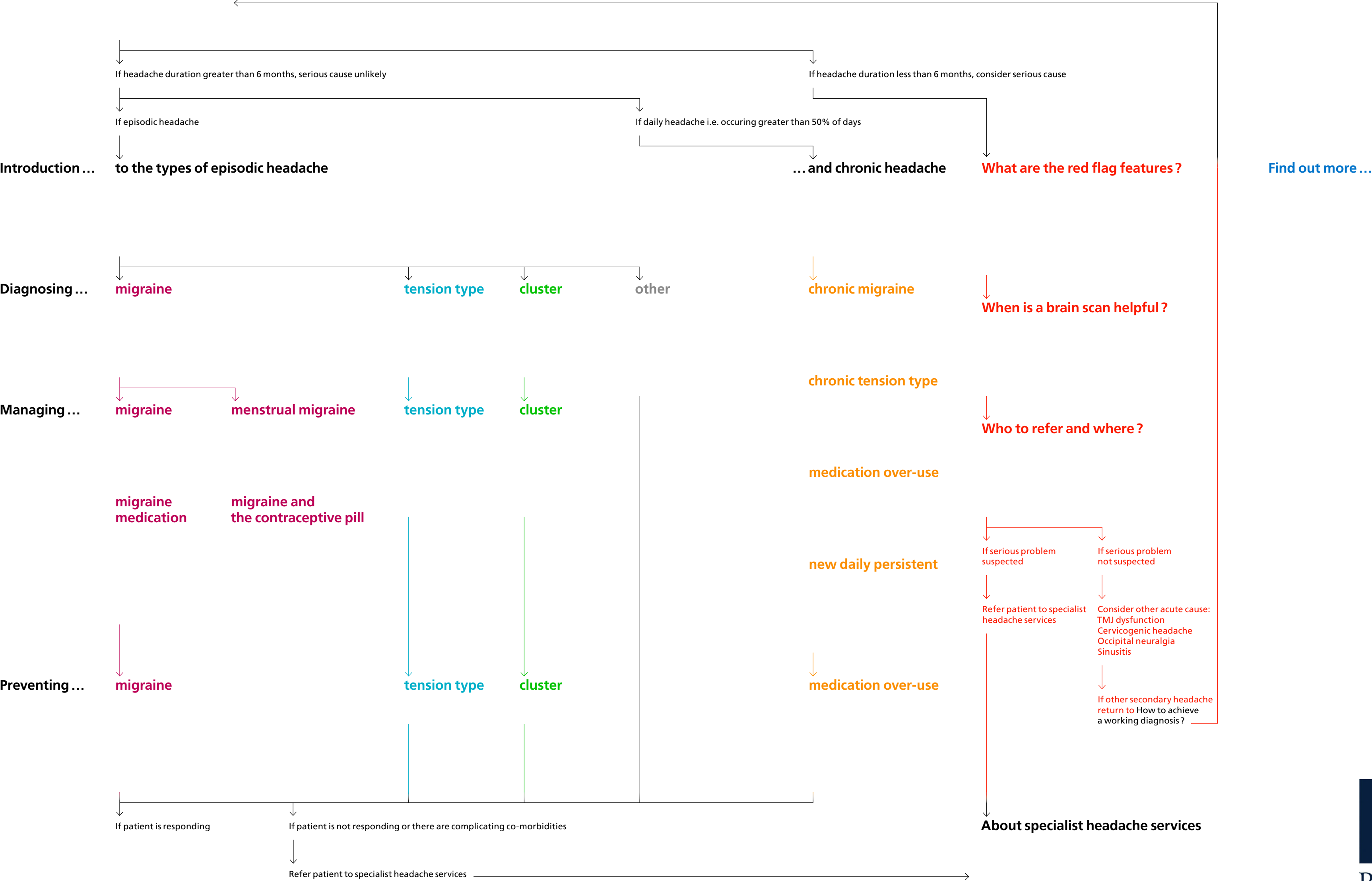


Adult with headache

Problem-specific video guides to diagnosing patients and helping them with management and prevention

How to achieve a working diagnosis?



Red flag features

Progressive headache

Sudden onset 'worst ever' headache

Jaw claudication and scalp tenderness

Significant fever or systemic upset

New altered headache in elderly

New altered headache in immunocompromised

New altered headache in patient with known malignancy

Examination abnormal:

Eye movements

Fundi e.g. papilledema

Pupils and pupillary reactions

Limb and or gait ataxia

Tendon reflexes / plantar

Migraine headache acute treatment options

At headache onset:

Analgesia: NSAID e.g. Ibuprofen 400–600 mg or Naproxen 250–500 mg

Anti-emetic: e.g. Metoclopramide 10 mg, Domperidone 10–20 mg

Sumatriptan 50–100 mg

All up to 6 times / month

Tension type headache acute treatment options

Analgesia: NSAID e.g. Ibuprofen 400 mg or Naproxen 250–500 mg PRN

Avoid opiates and compound analgesia

Cluster headache acute treatment options

Subcut injection 6 mg, Sumatriptan as needed for acute episode

Nasal Sumatriptan or Zolmitriptan as needed

Oxygen 100% 10–12 l/min for 10–12 mins

Prednisolone 40–60 mg for 7–10 days

Other headache acute treatment options

For neuralgia:

Carbamazepine 200–800 mg daily on two divided doses

Migraine headache prevention options

Identify / avoid / modify migraine triggers

Propranolol 20–320 mg od

Metoprolol 50–200 mg daily

Topiramate 25–100 mg bd or Amitriptyline 10–150 mg nocte

Tension type headache prevention options

Lifestyle and headache trigger avoidance

Consider acupuncture

Cluster headache prevention options

Verapamil 240–720 mg / day (with normal ECG)

Chronic medication over-use headache prevention options

Reduce / stop analgesia

Monitor with headache diary

Further treatment based upon diagnosis e.g. migraine, tension type, etc.

Episodic headache management options

For migraine, tension type and daily headaches:

Monitor and adjust treatment

Consider withdrawing preventative rx after 4–6 months

Avoid increasing analgesic use

List of the videos

1

History taking

History of presentation: headache history, medical history, treatment history.

2

Red flag

Headache duration, headache characteristics, patient characteristics. Associated neurological and systemic features. Screening. Red flag features but not a red flag.

3

Brain scan and blood tests

Use: diagnosis, anxiety. CT and MRI. Refining a diagnosis. Headache but a normal brain scan, discovery of abnormalities not linked to headache. Blood tests – inflammatory markers.

4

Referral

Diagnostic (urgent/non urgent. Referral pathways two week wait/A&E. Management – neurology headache services).

5

Introduction: episodic headaches types

5a

Episodic migraine diagnosis

Headache characteristics, duration and intensity.

5b

Episodic tension type headache diagnosis

Headache characteristics. Migraine v tension type same or different. Approach to take.

5c

Episodic cluster headache diagnosis

Headache characteristics, attack patterns, severity, patient responses, triggers, why diagnosis can be missed.

5d

Other episodic headaches

Trigeminal neuralgia and cluster headache. Trigeminal autonomic cephalgia.

6

Introduction to chronic daily headache

Definition and duration.

6a

Chronic migraine – common cause of daily headache

Prevalence and characteristics.

6b

Chronic tension type – common cause of daily headache

Characteristics.

6c

Medication overuse – common cause of daily headache

Definition, analgesia thresholds/use, characteristics.

6d

New daily – common cause of daily headache

Characteristics, primary and secondary. Secondary: spontaneous intracranial hypotension, intracranial hypertension, intracranial venous thrombosis. Primary: Hemicrania continua.

7

Migraine management

Diary, patient discussion, avoiding headache triggers, self-help.

8

Migraine treatment

Medication package – analgesic, antiemetic, triptans. Doses and frequency.

9

Migraine prevention

When to use, patient explanation – choices, licensed medication, dose level and patient tolerance, preventative duration, monitoring.

9

Menstrual migraine

Timing, hormonal, menopausal, strategies: triggers & self-help, triptan, oestrogen replacement.

9

Migraine and contraceptive pill

Combined contraceptive pill, risk, migraine with aura, alternatives.

12

Tension headache management

Featureless headaches, underlying migraine, treatment, complementary strategies – acupuncture, nutraceuticals, physiotherapy.

13

Cluster headache

Treatment for acute attacks, treatment to shorten bouts, treatment to prevent bouts occurring. Acute attacks – triptans, oxygen (Ouch uk – https://ouchuk.org/sites/default/files/downloads/home_oxygen_order_form_parta_dv.pdf). Transitional treatment – steroids, nerve block. Preventative medications.

13

Medication overuse

Explanation to patient, treatment strategies, patient characteristics.

13

Specialist headache services

Characteristics and conditions managed: time, expertise in use of rating scale, medication history, patient information, diagnostic investigations, treatment – medication, nerve blocks, Botox, detox.

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