NW Headache Final V11 16-6-15. Approved by GMMMG June 2015.
Review date: June 2017

1) Emergency Symptoms/signs

Thunderclap onset
Accelerated/Malignant hypertension
Acute onset with papilloedema
Acute onset with focal neurological signs
Head trauma with raised ICP headache
Photophobia + nuchal rigidity + fever +/-rash
Reduced consciousness
Acute red eye: ?acute angle closure glaucoma

New onset headache in:

- 3rd trimester pregnancy/early postpartum
- Significant head injury – especially elderly patients, alcohol dependency, people on anticoagulants

2) Giant Cell arteritis

Incidence 2/10,000 per year

- Consider with presentations of new headache in >50 year olds
- Many headaches respond to high dose steroids NB do not use response as the sole diagnostic factor.
- ESR can be normal in 10% - check CRP as well
- Symptoms may include: jaw/tongue claudication, visual disturbance, temporal artery: prominent, tender, diminished pulse; other cranial nerve palsies, limb claudication

Urgent referral to:
•Rheumatology if diagnosis clear
•Neurology if headache or possibly GCA
•Ophthalmology if amaurosis fugax / visual loss / diplopia **NOT** migrainous auras

3) 2WW - suspected cancer referral

- **Headache with features of raised intracranial pressure:-**
  - Actively wakes a patient from sleep, but not migraine or cluster
  - **Precipitated** by Valsalva manoeuvres i.e. cough, straining at stool
  - Papilloedema
  - Other symptoms of raised ICP headache including
    - Headache present upon waking and easing once up (analgesic overuse can cause this pattern) and worse when recumbent
    - Pulse synchronous tinnitus
    - Episodes of transient visual loss when changing posture e.g. upon standing
    - Vomiting - significance should be judged in context as nausea and vomiting are features of migraine
- **Headache with new onset seizures**
- **Headache with persistent new or progressive neurological deficit**
- **A relevant history of malignancy which might have metastasised to the brain**
- **Vomiting without other obvious cause (i.e. not just due to migraine)**

4) Red Flags (for secondary headaches)

- Headache rapidly increasing in severity and frequency despite appropriate treatment
- Undifferentiated headache (not migraine / tension headache) of recent origin and present for >8 weeks
- Recurrent headaches triggered by exertion
- Orthostatic Headache (headache that occurs in the upright position, suggesting low CSF pressure)
- New onset headache in:-
  - >50 years old (consider giant cell arteritis)
  - Immunosuppressed / HIV

5) Migraine

- Throbbing pain lasting hours - 3 days
- Sensitivity to stimuli: light and sound, sometimes smells
- Nausea
- Aggravated by physical activity (prefers to lie/sit still)

Aura, if present, that evolves slowly (in contrast to TIA/stroke) and lasts minutes - 60min

'Chronic Migraine'
≥15 headache days/month of which ≥8 are migraine

Acute treatments:
Aspirin dispersible 900mg or NSAID, taken with metoclopramide or domperidone **NB** Note MHRA warning
MHRA (2014): Domperidone: risks of cardiac side effects
MHRA (2013) Metoclopramide: risk of neurological adverse effects
A triptan but <10 days per month (best <6/month)
Don't use opiates as they tend to lead to increase nausea and lead to an overuse headache

Tension Type Headache

Band-like ache, mostly featureless
Can have mild photo OR phonophobia but NO nausea
Many believe this is simply a milder form of migraine i.e. same biology and thus similar treatments can be effective

Cluster Headache

More common in men
Most severe pain ever lasting 30-120 minutes
Unilateral, side-locked
Agitation, pacing **NB** migraineurs prefer to keep still
Unilateral Cranial Autonomic features:-
tearing, red conjunctiva, ptosis, miosis, nasal stuffiness

Acute treatments:
Sumatriptan injection 6mg s.c. - contra-indicated for IHD and stroke
Hi-flow oxygen through a non-rebreathe bag and mask
Prednisolone 60mg od for 1 week can abort a bout of attacks

Triptan Overuse Headache

Can be migrainous and/or tension type
Triptan intake: ≥10 days/month for ≥3 months
Treatment: Stop triptan for 2-3 months

Analgesic Overuse Headache

Can be migrainous and/or tension type
Analgesic intake ≥15 days/month (opiates ≥10 days)
For ≥3 consecutive months
Treatment: stop analgesic for 3 months

6) Botulinum Toxin for Chronic Migraine: (NICE TA260)

Between 31 and 39 injections i.m. around scalp and neck every 12 weeks
Minimum treatment criteria:

- Chronic migraine i.e. ≥15 headache days/month of which ≥8 are migraine for a minimum of 3 consecutive months
- Tried 3 different migraine preventatives at maximally tolerated doses for 3 months each **not** including pizotifen
- Not overusing triptans, opiates or other analgesics