

## Headache in adults - diagnosis

**History & Examination** – including BP, neuro exam and fundoscopy, neck, check temporal arteries if >50y

- SOCRATES (site, onset, character/severity, radiation, associated symptoms, timing (constant or intermittent), exacerbating/relieving factors, severity)
- Impact on life, ICE (ideas, concerns & expectations)
- Careful medication history, including what taken for headache pain, regular medication, contraceptives
- A **headache diary** for 8w can be very useful for further assessment – headache features, symptoms, medication, precipitants

**Exclude red flags ('SNOOP')** – if yes, discuss with consultant to consider urgent scan / further investigations

**S** – **systemic** signs (fever, weight loss)

**S** – **being sick** (vomiting) with no obvious cause

**S** – **sleep** related – waking from sleep or always present in the morning

**N** – **neoplasm** in history

**N** – **neurological** symptoms or signs – altered mental status, focal neuro signs, papilloedema, neck stiffness

**O** – **onset** sudden, explosive, thunderclap

**O** – **older** age at onset (>50y)

**P** – **progressive** headache or substantial pattern change (e.g. atypical aura, lasting >1h)

**P** – **precipitated** by position, Valsalva, exercise

**P** – **pregnancy or puerperium**

**P** – **painful red eye** (glaucoma?)

**P** – **post-traumatic** (head trauma in the last 3m)

**P** – **pathology** of immune system (HIV, immunocompromised)

### Primary headache

#### Migraine

- Most people who attend with recurrent/chronic headaches have migraine
- A recurrent severe headache + nausea + photophobia is 98% predictive of migraine
- Aggravated by routine activities; need to lie/sit still; sensitivity to light/sound

#### Migraine without aura

Diagnostic criteria - at least 5 attacks fulfilling criteria 1-4:

1. Lasts 4-72 hours untreated
2. At least 2 of the following: unilateral location, pulsating quality, moderate/severe pain
3. Nausea/vomiting +/- photophobia
4. No other cause identified

#### Migraine with aura

Occurs in 1/3 of migraine sufferers. Aura 5-60 minutes prior to headache (Red Flag if >60m or motor weakness++). Usually visual – note blurring & spots not diagnostic.

See **Migraine guideline** for management

#### Consultant review if:

- Red flag
- Migraine occurring everyday
- Possible cluster headaches
- Suspicion of > 1 type of headache present

### Secondary headache

#### non-serious causes

- Posterior headaches often relate to cervicogenic headaches
- Unlikely to be sinuses, TMJ dysfunction or teeth unless other signs and symptoms indicative of this
- Consider medication – especially combined oral contraceptive (COC). **If patient has migraines with aura, then COC contraindicated**

#### Medication Overuse Headache (MOH)

**Headache symptoms:** Location, severity, duration all variable

**Associated symptoms:** Consider if frequent use of acute treatment for headache for  $\geq 3m$ : >10d/month (opiates, triptans, combination analgesia) or >15d/month (NSAIDs, paracetamol, aspirin). M:F (1:5)

**Management:** Stop all overused drugs (slowly if opioids) and start prophylactic management of underlying headache disorder immediately; close follow-up helpful. MOH usually improves within 1m of analgesic cessation, but can actually worsen initially after stopping.

#### Tension type headache

**Headache symptoms:** Bilateral, pressing/tightening (non-pulsating), mild/mod severity, lasts 30min-continuous. Usually episodic, deemed chronic if >15d per month. Often triggers, especially cervical /neck problems or stress (not always obvious). Not aggravated by routine activities.

See **Tension Type Headache guideline** for management. **Chronic migraine & chronic TTH often overlap. If any feature of migraine, diagnose chronic migraine**

#### Cluster headache

**Headache symptoms:** strictly unilateral, very severe pain around/above eye and along side of face/head. Often at night & lasts 30-60 minutes, can get many episodes within a day, Bouts last 6-12 weeks, usually occurs 1-2 x a year, often at same time of year. Rarely chronic throughout year.

**Associated symptoms:** Same side red/watery eye, constricted pupil, swollen/droopy eyelid, rhinorrhoea, facial sweating. Often restless or agitated

**Other:** Affects M>F (3:1 ratio), usually aged 20+ years, smoking is a risk factor

**Discuss with consultant**