PRIMARY CARE MANAGEMENT GUIDELINE

Headache in Adults

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POWERED BY PINNACLE

Headache definition: Diffuse pain in various parts of the head, not usually confined to the area of distribution of a nerve

CLINICAL PROBLEM	ACTIONS	IMPLEMENTATION
1. Severe, acute, sudden onset if *(note 1)* • associated neurological signs • associated fever, rash, disorientation, abnormal behaviour • recent trauma • decreased level of consciousness • papilloedema	Acute referral	Appropriate acute team
2. Migraine *(note 2)* • Frequent and debilitating	• Identify & avoid triggers – lifestyle modification; useful reference: www.migrainetrust.org • Patient education • Acute attack – aspirin, paracetamol or NSAID +/- antiemetic *(note 3)* • No improvement – oral sumatritpan or rizatriptan • Ergotamine – not in combination with triptans • No improvement – s/c sumatriptan • Prophylaxis *(note 4)*	Consider referral to neurology nurse educator If trial s/c sumatriptan helpful, needs specialist approval (usually will require clinic assessment) Refer neurology clinic if no improvement after trial of at least 2 prophylactic agents for at least 6 weeks at maximum doses
• Infrequent	Manage as acute attack *(note 3)*	
3. Tension Headache *(note 5)*	• Reassurance / education • Treat underlying depression / anxiety • Non-pharmaceutical treatment, e.g. physiotherapy • Amitriptyline – dose as for migraine prophylaxis *(note 4)* • Avoid frequent analgesia causing Medication Misuse Headache • Lifestyle modification	Refer neurology if persists > 3 months
4. Medication Misuse Headache (MMH)	• Detailed history of medication, including OTC and alternative medicines • Education • Migraine prophylaxis *(note 4)* • One month after commencing prophylaxis, withdraw analgesia either immediately or by 10% weekly • Prophylaxis is ineffective while regular analgesia continues	Refer neurology if unsuccessful
5. Cluster Headaches *(note 6)*	• Prophylaxis *(note 7)* using verapamil, sodium valproate, lithium • Acute attack *(note 8)* – inhaled O_2, s/c sumatriptan, prednisone	Refer neurology clinic after commencing prophylactic Rx If a cluster lasts >3 month or atypical features, refer neurology clinic
6. Temporal Arteritis	• Urgent ESR • If raised, prednisone 60mg stat	Discuss acutely with neurology, general medical or ophthalmology registrar, depending on associated symptoms
7. Trigeminal Neuralgia *(note 9)*	• Commence carbamazepine *(note 10)*	If unsuccessful after 2 weeks at full dose, or not tolerated, refer neurology clinic

NOTES

1. Beware the first ever presentation of severe, acute, sudden headache.

2. **Migraine definition**

   Migraine without aura
   - Headache lasting 4 hrs – 3 days
   - Nausea / vomiting and / or light and noise sensitivity
   - At least 2 of the following
     - unilateral pain
     - moderate or severe intensity pain
     - aggravation by simple physical activity, coughing, sneezing, straining or head movement
     - pulsating pain

   Migraine with aura
   At least 3 of the following;
   - Reversible focal brainstem or cortical dysfunction
   - Aura develops over >4 mins or 2 auras in succession
   - Each aura <60 mins
   - Headaches <60 mins following aura

3. **Migraine acute therapy**
   - Don't use any >3 times/week, as can lead to rebound headaches
   - Don't use codeine or detropropoxyphene as can lead to rebound headaches
   - Generally, narcotics should be avoided
   - NSAIDs, not slow-release preparation, a lot and early e.g. ibuprofen 800mg, naproxen 500mg
   - Antiemetics – metoclopramide, buccastem
   - Sumatriptan, may need up to 200mg orally or 6mg sub-cutaneously
   - Consider rectal route if vomiting

4. **Migraine prophylaxis**
   - Start low, increase as tolerated
   - Adequate trial is 6 weeks at up to the doses below, and in the order below, if there are no co-existing reasons to choose otherwise
     - Propranolol up to 320 mg/day, nadolol 160 mg/day or other lipid soluble beta-blocker, given as bd dose.
     - Tricylic antidepressant e.g. amitriptyline or nortriptyline up to 150 mg/day, most respond to 10-75 mg/day, given as a once daily dose
     - Sodium valproate up to 2000 mg/day
     - Pizotifen up to 4 mg/day
     - Topiramate 25mg nocte for 1 week, increase by 25mg per day to 50-100mg/day; max 200 mg/day, in two divided doses if $\geq$ 50mg/day.

5. **Tension headache definition**
   10 or more headaches lasting between 30 mins and 7 days. Pain is pressing / tightening, mild to moderate intensity, present on both sides of the head. No aggravation by physical activity; no nausea / vomiting.

6. **Cluster headache definition**
   A distinctive, specific and relatively rare syndrome that is separate from frequent migraine. Unilateral pain localised above the eye or in the temple. Severe pain lasting 15-180 mins, usually less than 60 mins. Attacks occur up to 8 times/day, often at night, in clusters lasting weeks or months. Associated with at least one of the following signs on the side of the pain: conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, facial swelling, eyelid oedema, miosis, ptosis. Most common in men, rare in women which is a helpful differentiation point for triaging acute headache.

7. **Cluster prophylaxis**
   - Verapamil starting at 40mg tds, increasing to 720 mg/day as necessary
   - Sodium valproate starting at 600mg daily, increasing to 2000 mg/day
   - Lithium starting at 250mg daily, increasing to 600mg daily, adjusting to obtain therapeutic level of 0.6 – 1.0 mmol/L

8. **Cluster treatment**
   - Oxygen 100% 8-10 litres/min, by sealed mask, for 15- 20 minutes. This results in 70% aborted in 10 mins, 90% in 20 mins
   - Prednisone 60mg tapered over 10-14 days

9. **Trigeminal neuralgia definition**
   Sudden shock-like jabs of pain in one division, usually 2nd or 3rd, of the trigeminal nerve. Provoked by eating, talking, brushing teeth, cold wind etc. No other symptoms or signs, particularly sensory loss or motor weakness, jaw deviation on mouth opening or unilateral deafness.

10. **Trigeminal neuralgia treatment**
    Carbamazepine starting at 100mg daily, increasing by 100mg every 3 days until either symptoms resolve, side effects occur (e.g. ataxia, diplopia) or usual maximum tolerable dose of 1200 mg/day reached. Note that some patients can tolerate up to 2000 mg/day. Trial for 2 months. Length of treatment should be guided by symptoms.

11. For many ethnic groups, in particular Maori, whanau/family plays an intrinsic role in one's overall well being. It may be valuable to encourage family members to participate in the consultation process and to be part of the management plan. It is also worth remembering that for some cultures, the head is tapu or sacred. The manner in which this is acknowledged, before and during the examination, will ensure all parties are comfortable.