

Update on Headaches

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Symptom of Headache

Extremely common in primary care.

Very common reason for referral to neurological out patient clinics.

Common 'acute' presentation to A & E.

Headache Diagnosis

History, history, history.....

Pertinent physical examination

Neuroimaging

Trial of therapy

Headache Classification

International Headache society (IHS)

Migraine (with, without aura etc)

Tension type HA (episodic or chronic etc)

Trigeminal Autonomic Cephalgias (CH etc)

Post Traumatic HA

HA Associated with substances or their withdrawal

Etc...

Primary Care Referrals

Tension type HA

Migraine Management

Facial Pain ? Trigeminal neuralgia

Chronicity/frequency of HA symptoms

Patient (or family) concerns or expectations

Concerns about intracranial pathology

Diagnosis?

Patients' Beliefs

Chronicity equals sinister pathology.

Headache equals brain tumour.

Neurologists don't do scans because they are trying
to save money!

It must be sinister as I'm living on pain killers.

Neurologists' Beliefs

Chronicity equals non-sinister pathology.

Headache alone almost never equals brain tumour.

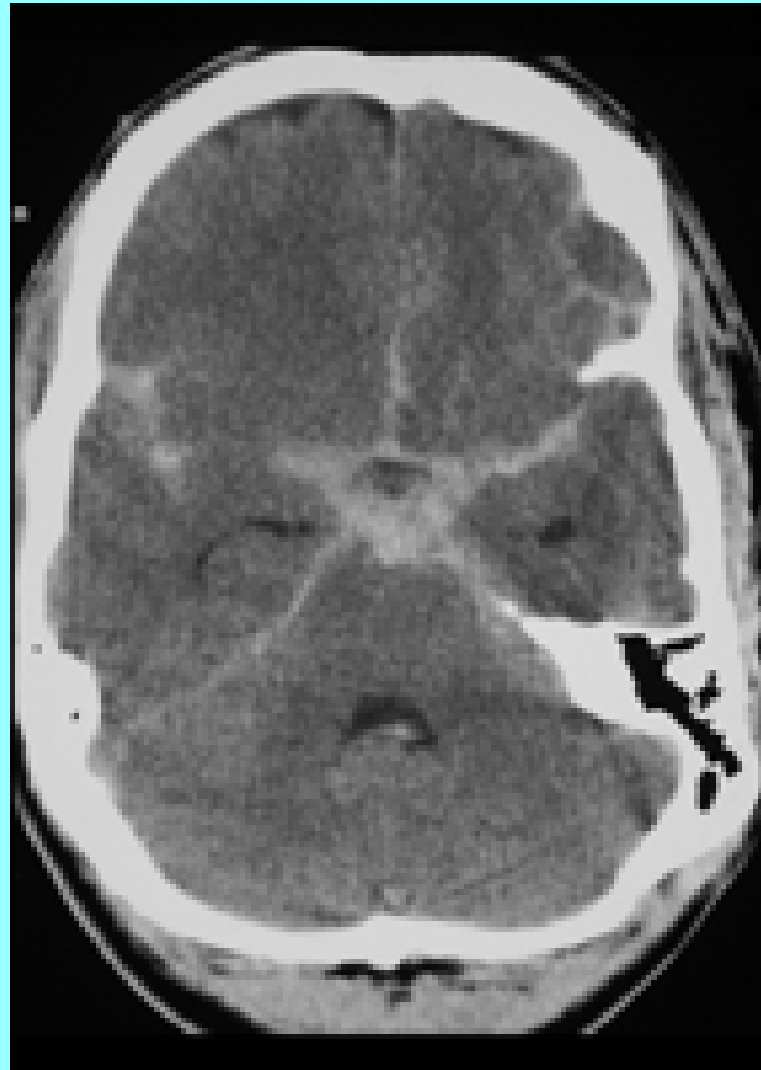
Patients need an explanation and reassurance.

Unnecessary scans create VOMIT scenarios!

Patients living on pain killers have medication misuse (rebound) headache.

'Red Flag' Symptoms

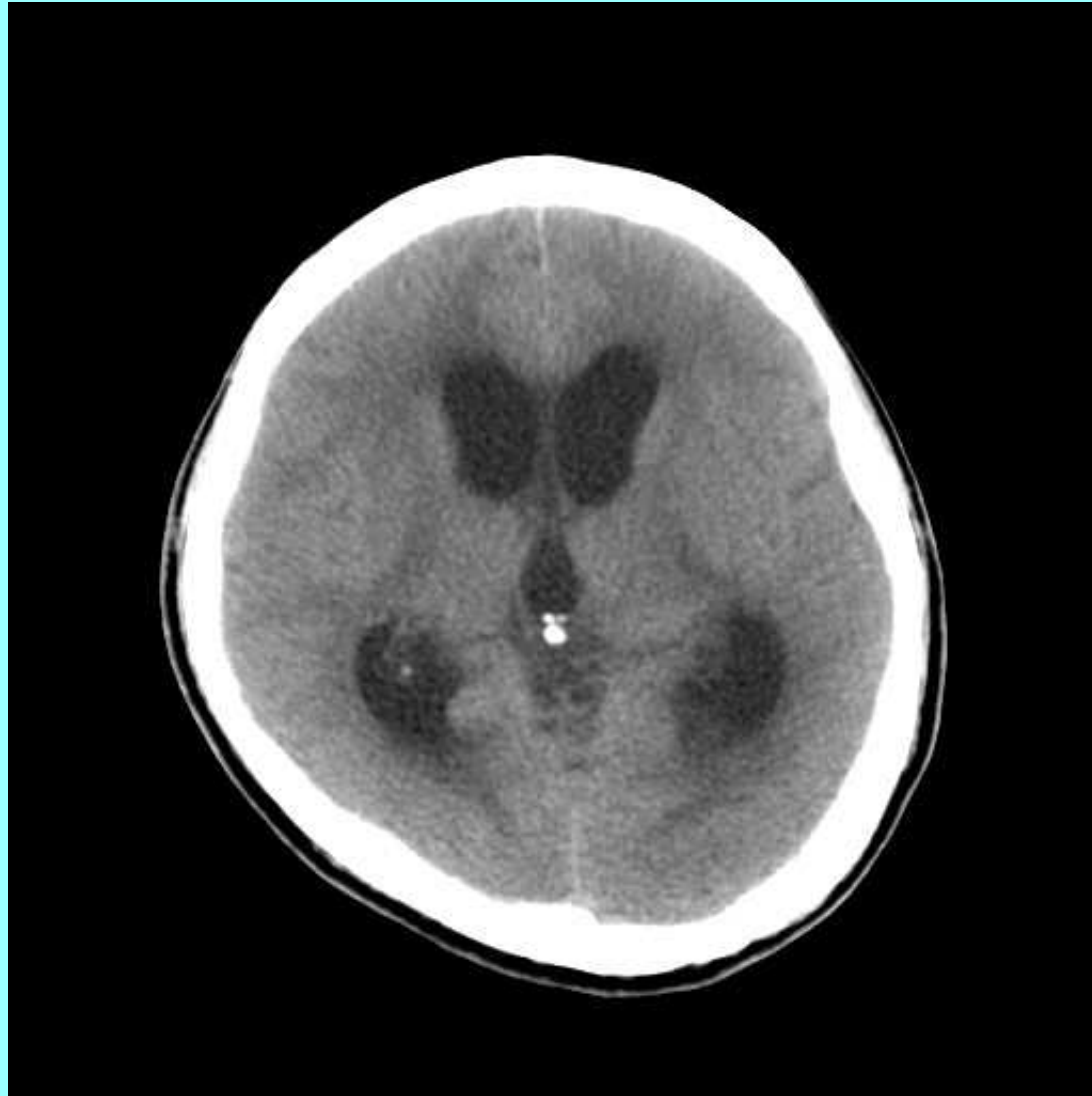
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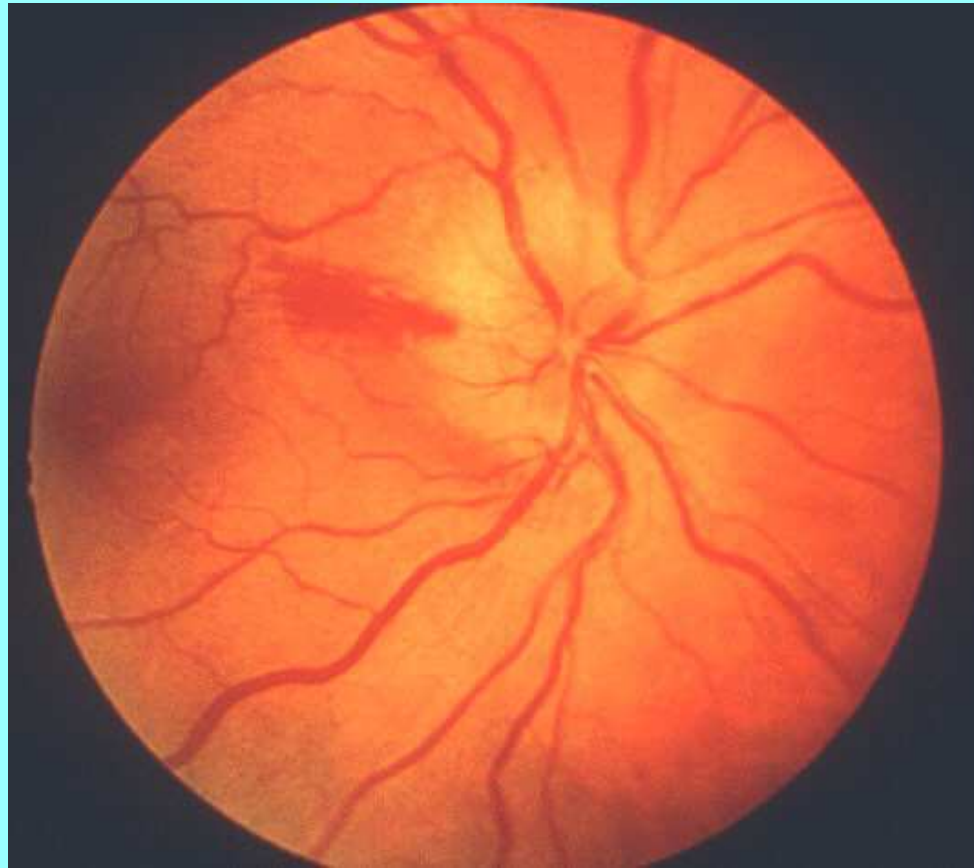
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New onset in elderly particularly with systemic features.



'Red Flag' Symptoms

'Thunderclap onset'.

Early morning headache & sleep interruption.

Spontaneous vomiting.

New onset in elderly particularly with systemic features.

Associated new symptoms.

Migraine

IHS Classification of migraine without aura

>5 attacks lasting 4 to 72 hours.

Headache has ≥ 2 following features.....

Unilateral location

Pulsating Quality

Moderate or severe quality (limits normal daily activities)

Headache has one of following.....

Nausea/vomiting

Photo/phonophobia

Migraine

IHS Classification of migraine with aura

>2 attacks.

Headache has ≥ 3 following features.....

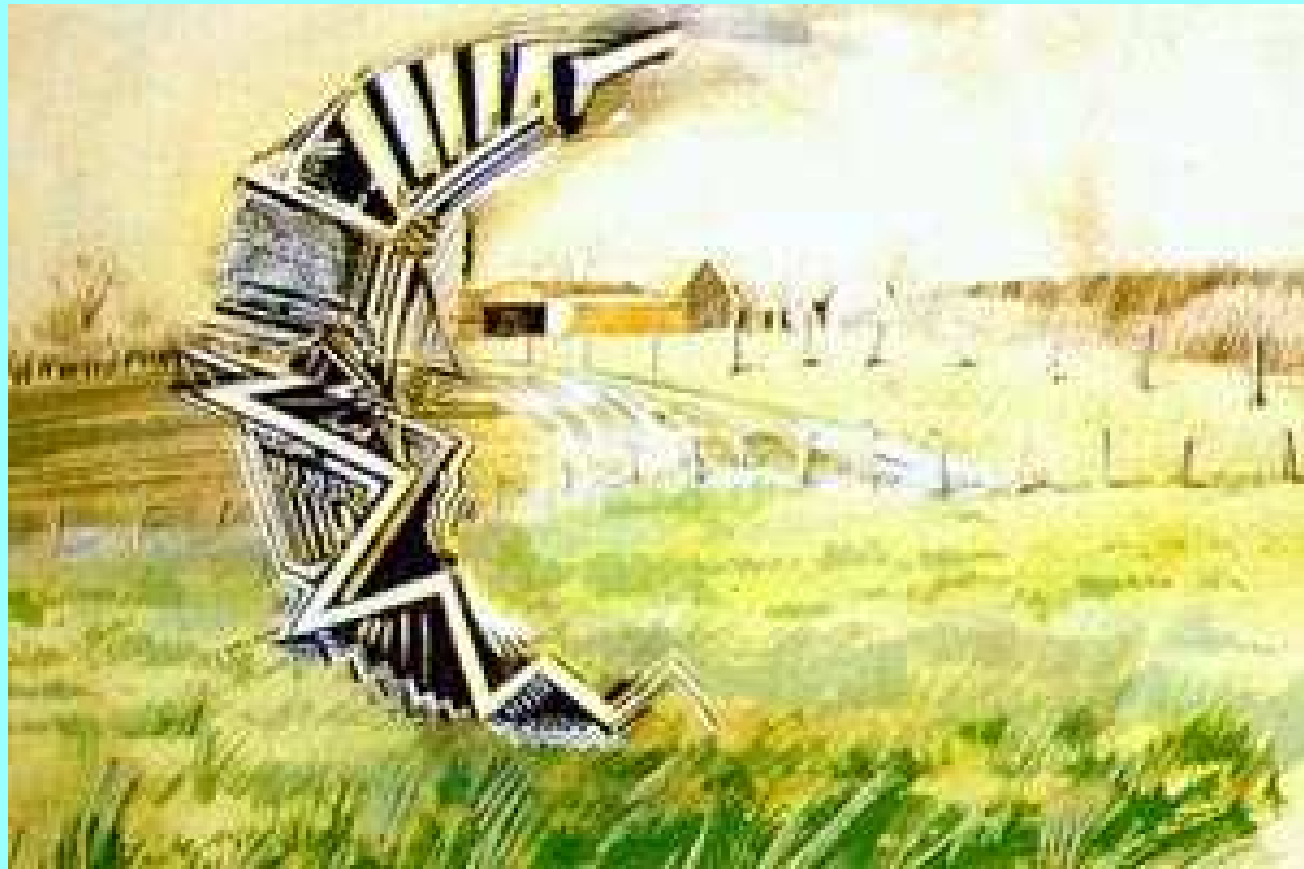
One or more fully reversible aura symptom
(cortical or brainstem)

One or more aura evolves over > 4 mins or auras
develop in succession

Aura component < 60 mins

Headache follows within 60 mins







Migraine Management

Ask about triggers

Migraine Management

Ask about triggers

Missing meals

Too little sleep

'Let down' attacks

Migraine Management

Acute analgesics, anti-emetics

Migraine Management

Acute analgesics, anti-emetics

Aspirin or ibuprofen

Migraleve or Migramax

Paracetamol (domperamol)

Triptan

Migraine Management

Triptans

Oral vs. nasal spray vs. wafer vs. SC

Sumatriptan 1st line

Rapid onset Zomig or Maxalt

Slower onset, last longer Naramig

Beware triptan abuse

Migraine Management

Prophylaxis

Migraine Management

Prophylaxis

Beta blocker, Propanolol LA

TCAD, amitriptyline

Pizotifen

Topiramate 25-50 mg bd

Sodium Valproate 300 mg bd

Methysergide

Cluster Headache

IHS classification

At least 5 attacks of....

Severe unilateral (periorbital) pain lasting 15-80 minutes

Pain associated with ipsilateral autonomic features

Frequency of attacks from alternate days to 8 per day

Cluster Headache

Classically.....

Middle aged man

Repeated attacks, particularly at night

Cluster lasting 2-6 weeks

Heavy smoker

Restless during attacks

Cluster Headache Treatment

Acute attack

SC sumatriptan

High flow O₂

Prophylaxis

Verapamil 120 mg tds

Prednisolone 40-0 mg over 14 days

Ergotamine

Methysergide

Lithium

Pizotifen

Trigeminal Neuralgia

IHS classification

Paroxysmal attacks of facial or frontal pain lasting secs to 2 mins.

Pain in distribution of trigeminal nerve

Sudden, intense, stabbing or burning quality

Pain intensity severe

Trigger factors

Between paroxysms patient is asymptomatic

Trigeminal Neuralgia

Treatment

Medical Anticonvulsants, baclofen

Surgical Alcohol injections trigeminal ganglion
(TIC injections)

Microvascular decompression

Gamma knife radiosurgery

Medication Misuse Headache

Commonest reason for chronic daily HA (> 15 days per month) in 2ndary care.

Co-codamol, paracetamol & triptans

Prophylactics don't work in context of analgesia abuse.

Patients need explanation and to go 'cold turkey'.

Summary

Danger Symptoms

Migraine Management

Cluster Headache

Trigeminal Neuralgia

Medication Misuse Headache

Thank You