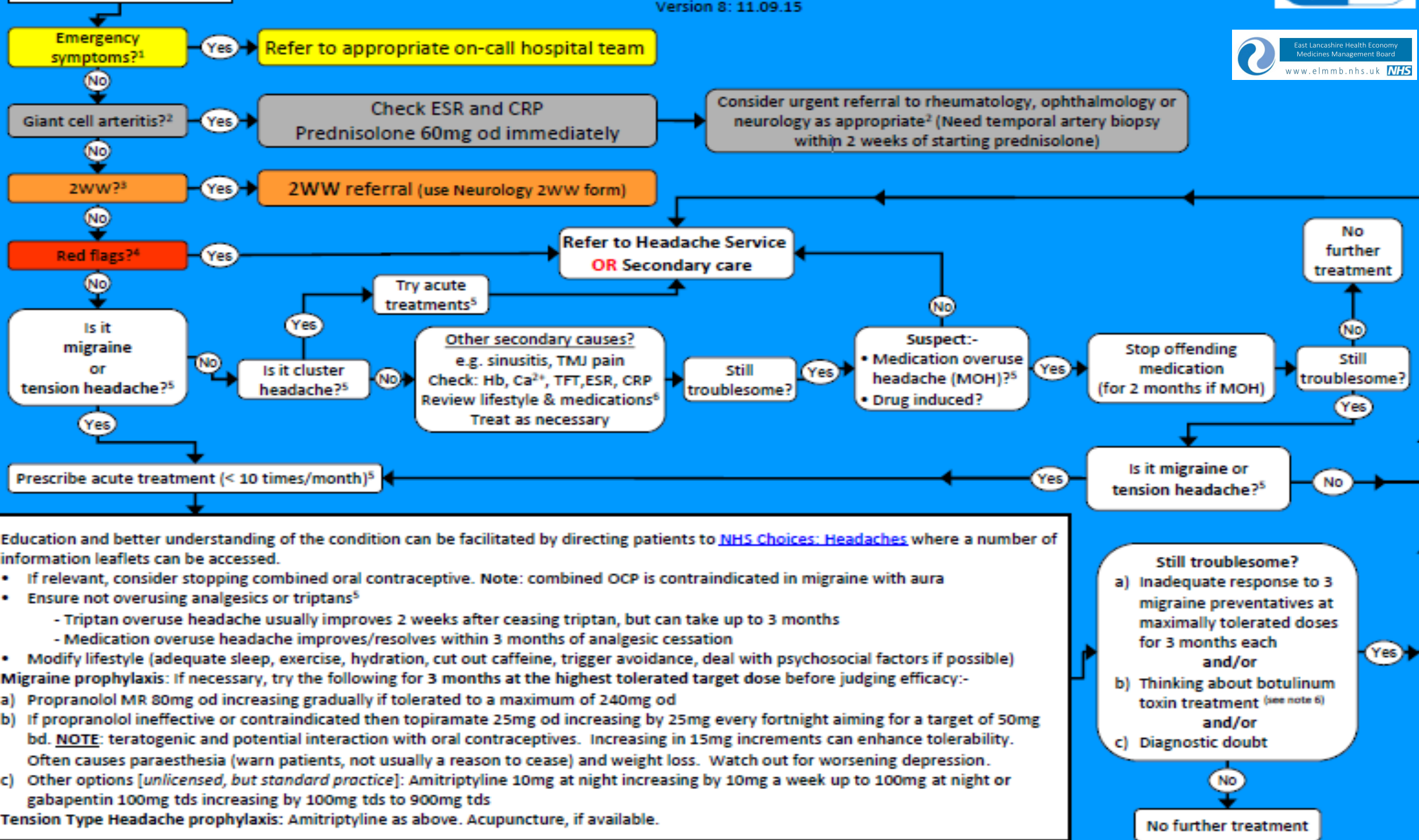


Adult with Headache

North West Headache Management Guideline for Adults – based on NICE CG150

Version 8: 11.09.15



Education and better understanding of the condition can be facilitated by directing patients to [NHS Choices: Headaches](#) where a number of information leaflets can be accessed.

- If relevant, consider stopping combined oral contraceptive. Note: combined OCP is contraindicated in migraine with aura
- Ensure not overusing analgesics or triptans⁵
 - Triptan overuse headache usually improves 2 weeks after ceasing triptan, but can take up to 3 months
 - Medication overuse headache improves/resolves within 3 months of analgesic cessation
- Modify lifestyle (adequate sleep, exercise, hydration, cut out caffeine, trigger avoidance, deal with psychosocial factors if possible)

Migraine prophylaxis: If necessary, try the following for 3 months at the highest tolerated target dose before judging efficacy:-

- Propranolol MR 80mg od increasing gradually if tolerated to a maximum of 240mg od
- If propranolol ineffective or contraindicated then topiramate 25mg od increasing by 25mg every fortnight aiming for a target of 50mg bd. **NOTE:** teratogenic and potential interaction with oral contraceptives. Increasing in 15mg increments can enhance tolerability. Often causes paraesthesia (warn patients, not usually a reason to cease) and weight loss. Watch out for worsening depression.
- Other options [unlicensed, but standard practice]: Amitriptyline 10mg at night increasing by 10mg a week up to 100mg at night or gabapentin 100mg tds increasing by 100mg tds up to 900mg tds

Tension Type Headache prophylaxis: Amitriptyline as above. Acupuncture, if available.

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 people >50 year old
- 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

4) Red Flags

- 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
- 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
<https://www.gov.uk/drug-safety-update/metoclopramide-risk-of-neurological-adverse-effects>
<https://www.gov.uk/drug-safety-update/domperidone-risks-of-cardiac-side-effects>

A triptan but no more than 9 days per month (best <6/month)
Don't use opiates as they tend to lead to increase nausea and lead to an overuse headache

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

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

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