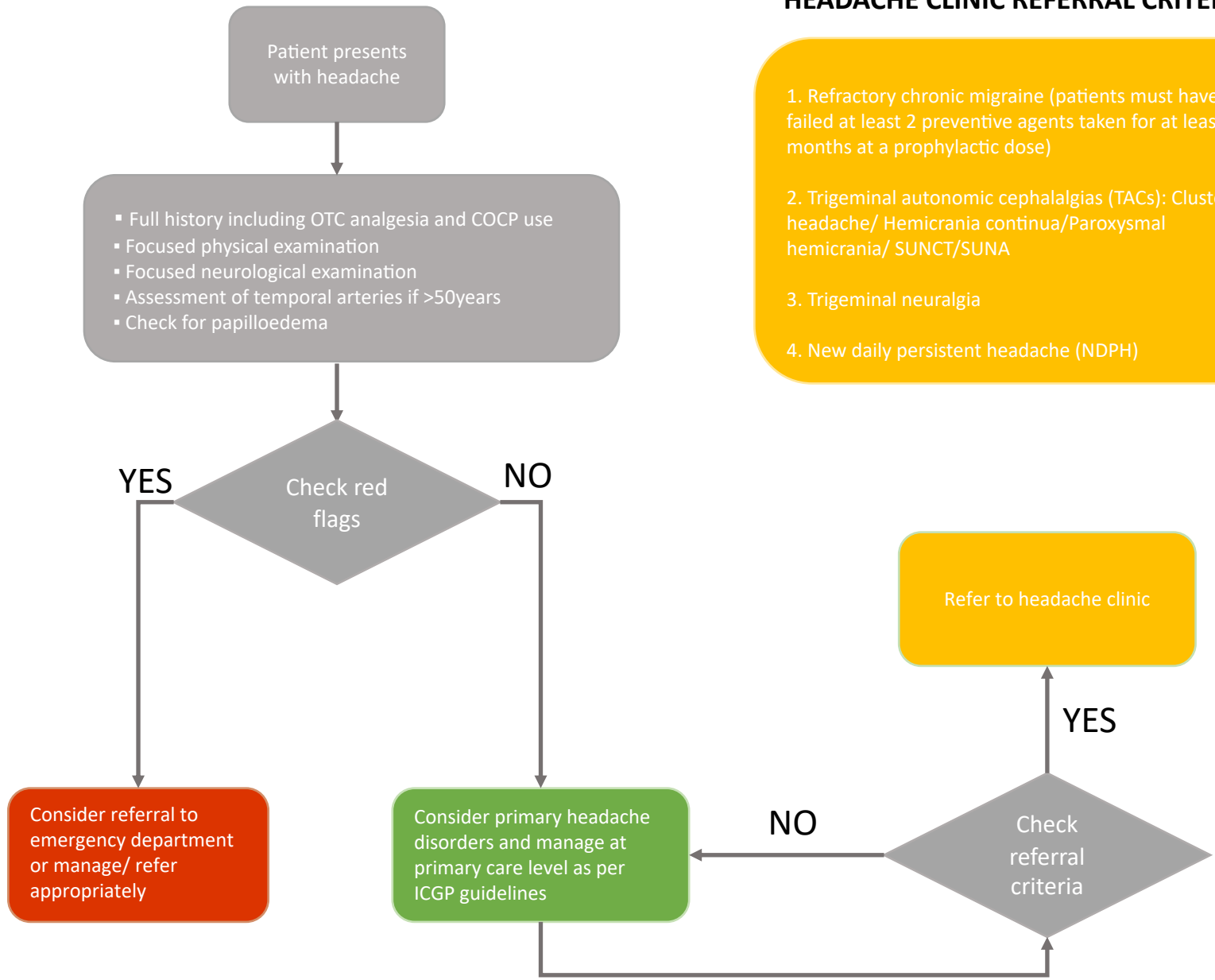
Adult headache guidance for primary care

KEY POINTS

- Most patients with recurrent /chronic headaches attending their GP have migraine. Recurrent severe headaches associated with nausea and photophobia are 98% predictive of migraine
- Sinuses, stress, eyesight, arterial hypertension are not usually causes of headache
- Medication overuse is common - if suspected stop analgesia and caffeine intake. Limit analgesia to 6 days per month
- In patients with frequent migraines (>3-4 per month) offer prophylactic agents
- Migraine prophylactic medications should be tried for at least 2 months on the maximum prophylactic dose before considering ineffective

RED FLAGS

- Systemic symptoms including fever
- Neoplasm in history
- Neurologic deficit or dysfunction
- Onset of headache is sudden or abrupt
- Older age (>50years)
- Pattern change or recent onset of headache
- Positional headache
- Precipitated by sneezing, coughing, exercise, or sexual activity
- Papilloedema
- Progressive headache and atypical presentations
- Pregnancy or puerperium
- Painful eye with autonomic features
- Post-traumatic onset of headache
- Pathology of the immune system such as HIV
- Analgesia overuse or new drug at headache onset



HEADACHE CLINIC REFERRAL CRITERIA

1. Refractory chronic migraine (patients must have failed at least 2 preventive agents taken for at least 2 months at a prophylactic dose)

2. Trigeminal autonomic cephalalgias (TACs): Cluster headache/ Hemicrania continua/Paroxysmal hemicrania/ SUNCT/SUNA

3. Trigeminal neuralgia

4. New daily persistent headache (NDPH)

DIAGNOSTIC CRITERIA AND INITIAL PRIMARE CARE MANAGEMNET

Migraine without aura (most common cause of chronic headaches)

Diagnostic criteria:

At least five attacks of moderate/severe headache lasting 4–72 hours (when untreated or unsuccessfully treated) with at least 2 of the following:

- Pulsating quality
- Photophobia/phonophobia
- Nausea, vomiting
- Aggravation by or causing avoidance of routine physical activity

Usually episodic (<15 headache days per month); can be chronic (15% cases)

Acute management:

- Offer a combination of triptan + NSAID + Paracetamol +- anti-emetic – to be taken at the very beginning of the headache; can be repeated after 2 h
- Triptan options: Sumatriptan 100mg prn, max bd, Zomig Rapimelt 2,5mg prn max bd, Frovatriptan 2,5mg prn max bd, Naratriptan 2,5mg prn max bd
- Contraindications to triptans: cadiovascular disease, stroke, uncontrolled HTN
- Triptans and analgesia to be restricted to 6 days per month
- COCP are contraindicated in migraine with aura
- Avoid triptans during aura
- Avoid opioids

Prophylactic management:

- Consider prophylactic agents in patients with frequent migraines (> 3-4 per month)
- Preventive agents should be taken for at least 2 months at a prophylactic dose before considering ineffective
- Any agents can be started as first line depending on triggers and comorbidities:

- Amitriptyline 10-50mg at night / Nortriptyline 10-50 mg
- Propranolol LA 80—160mg od
- Candesartan 8-16mg od
- Venlafaxine 150-300mg mg od
- Topiramate 50-100mg bd – should not be used in women of childbearing age
- Flunarizine 5-10 mg - consider in vestibular and hemiplegic migraine

Migraine with aura

Diagnostic criteria:

1/3 of patients with migraine
Aura 5-60 minutes prior to / with headache

Visual aura (90% of cases), blurring and spots not diagnostic

Unilateral sensory, brainstem aura (vertigo, tinnitus, diplopia, ataxia); speech and/or language; motor weakness

Full recovery after attacks

Medication overuse headache

Medication history is important especially use of over the counter analgesia

- M: F ratio (1:5)
- Triptans/opiates >10 days a month for >3months
- Simple analgesics >15days/month for >3months

Usually underlying migraine or tension-type headache

- Abrupt or gradual tapering over a period of 4-8 weeks
- MOH improves after 3 months of analgesic cessation
- Response to prophylactic treatment also improves
- Do not prescribe codeine/ morphine /tramadol or other opioids
- Stop caffeine intake
- Headache exacerbation for 7- 10 days (weeks if coming off opioids)
- Prophylactic therapy may be needed if intermittent migrainous features persist
- Offer Ibuprofen/ Naproxen prn max 6 days per month

Cluster headache

- Affects M:F (3:1 ratio)
- Strictly unilateral orbital, supraorbital and/or temporal pain lasting 15-180min
- Cranial autonomic symptoms (CAS): lacrimation, bloodshot, nasal congestion, ptosis
- Restlessness behaviour
- Diurnal and seasonal rhythmicity; often at the same time of the day or night
- Alcohol can trigger attacks

Acute management:

- Nasal or subcutaneous triptans (Sumatriptan nasal spay 20mg prn max bd or Sumatriptan subcutaneous injections 6mg prn max bd)
- High flow oxygen 15l/min (consult neurology)
- Do no prescribe oral triptans or regular analgesia as it doesn't usually work

Prophylactic/bridging therapy :

- Prednisolone 60mg for 5 days, reduce by 10mg every 5 days then stop + PPI
- Verapamil 80mg tds (baseline ECG required and every time time the dose is increased)
- Higher doses may be required 120-240mg tds
- Refer to neurology

Others

Trigeminal neuralgia (TN)

- Sudden paroxysmal unilateral facial pain lasting sec- 2 min; V2 and V3 distribution (rarely V1)

SUNCT / SUNA

- Similar to TN (but V1 distribution) + CAS

Paroxysmal hemicrania / Hemicrania continua

- Strictly unilateral pain V1 distribution lasting 2-30min; Multiple attacks per day + CAA
- Hemicrania continua- chronic form with continuous pain + CAS

Trigeminal neuralgia (TN)

- Carbamazepine 100-200mg daily; higher doses may be required
- Other options: Oxcarbazepine, Lamotrigine, Gabapentin

SUNCT / SUNA

- Drug of choice: Lamotrigine
- Other options: Gabapentin, Pregabalin, Topiramate

Paroxysmal hemicrania / Hemicrania continua

- Indomethacin trial (complete response is diagnostic)
- Other treatment options: Topiramate, Gabapentin, Pregabalin

Abbreviations: New daily persistent headache (NDPH); Trigeminal neuralgia (TN); SUNCT – severe unilateral neuralgiform headache with conjunctival injection and tearing; SUNA - severe unilateral neuralgiform headache with autonomic symptoms; Cranial autonomic symptoms (CAS)