

# HEADACHE GUIDELINE – TARANAKI DHB & PHO's

(for Primary Care Management & Referral)

April 2012

PROBLEM	ACTION	IMPLEMENTATION	LIKELY PRIORITY
<b>HEADACHE with “Red Flag” (see Box 1 below)</b>			
( <i>SEE BOX 1</i> ) Sudden, severe, atypical, “thunderclap” HA Neurological symptoms/signs	Neuro exam, fundi, BP, temp, general exam Urgent referral/admission	Phone medical registrar or ED medical officer Base Hospital Urgent hospital admission	Acute
New headache in patient with systemic illness, cancer, HIV	Consult specialist urgently	Consult/refer (specialist covering underlying problem)	Urgent
<b>MIGRAINE</b>			
Acute migraine	Standard therapy and preventive measures ( <i>see Box 2</i> )	<i>No referral necessary</i>	
Recurrent frequent attacks	Prophylaxis –1st or 2nd line ( <i>see Box 3</i> )	<i>No referral necessary</i>	
No improvement > 6 wks trial 2 prophylactic agents at full dose	Headache & treatment diary. Refer physician or neurologist	Refer private physician/ neurologist or Medical OPD referral (Fax 06 7537758)	Semiurgent
<b>TENSION HEADACHE</b>			
All patients	Consider neck problems Avoid frequent analgesia Modify lifestyle factors ?depression - Amitriptyline	<i>No referral necessary</i>	
Persisting >3 months ( <i>NB &lt;2% chance of underlying pathology</i> )	Consider referral and/or CT scan	Consult/refer physician (private or hospital) - <i>prior CT may be authorised</i>	Semiurgent
<b>MEDICATION MISSUSE HEADACHE</b>			
All patients	Medication history. Stop analgesics (before or after commencing migraine prophylaxis)	<i>No referral necessary</i> Refer medical/neurology (OPD/private) if withdrawal unsuccessful	Routine
<b>CLUSTER HEADACHE</b>			
All patients	<b>Acute Rx</b> –inhaled O <sub>2</sub> , Sumatriptan sc Prednisone 60mg tapering <b>Prophylaxis</b> -verapamil, valproate ( <i>see Box 3 for dose</i> ), lithium	<i>No referral necessary</i> <b>Failure acute Rx</b> –phone or admit medical <b>Atypical or prolonged</b> – refer physician/neurologist (OPD or private)	Acute  Urgent
<b>TEMPORAL ARTERITIS</b>			
First typical presentation >55	ESR. If raised: temporal artery biopsy Urgent medical consultation Prednisone(in consultation specialist)	Refer surgeon/ophthalmologist private or hosp. surgical registrar (ideally < 5 days) Consult/refer medical OPD or private	Urgent  Urgent
<b>TRIGEMINAL NEURALGIA</b>			
All patients	Carbamazepine(100mg/day increasing)	<i>No referral necessary</i>	
Rx failure 2wks max tolerated dose	Consult specialist	Consult medical/neurology (OPD/private)	Semiurgent

## BOX 1: Headache Red Flags - refer urgently

Severe sudden onset and/or atypical, “worst headache ever” New onset age >50, or early morning Exacerbated by cough, sneeze, straining As above, with neck/face pain or Horner’s syndrome Severe neck/occiput and/ or vertebro-basilar symptoms New neurological symptoms >60 mins Recent head trauma (<1 week) with abnormal neurological features Decreasing level of consciousness; personality change Fever, photophobia, rash, neck stiffness, papilloedema, disorientation Severe hypertension (>160/100, or >220/110 in known hypertension) Red painful eye with nausea/vomiting	?subarachnoid ?space occupying lesion  ? carotid dissection ?vertebral a. dissection ?CVA/ intracranial haemorrhage ?subdural various causes ? meningitis or encephalitis ?hypertensive encephalopathy ?acute glaucoma –refer for IOP
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## Box 2: MIGRAINE Rx –ACUTE (max 2x weekly):

Aspirin (900mg),  
 Paracetamol (1000mg)  
 NSAID (eg ibuprofen 800mg, naproxen 500mg;  
 diclofenac <75mg oral/rectal/deep im or tilcotil 20mg im/iv)  
 Sumatriptan (<100mg oral, 6mg sc)  
 Metoclopramide 10mg  
 (avoid codeine, dextropropoxyphene)  
 OTHER: Dark room, sleep

## Box 3: MIGRAINE PROPHYLAXIS:

TCA (eg amitriptyline, nortriptyline) <150mg/day  
 B blocker (eg propranolol) <160mg/day, (?nadalol)  
 valproate <2000mg/day,  
 pizotifen <4mg/day,  
 verapamil <480mg/day  
**NB: start low dose (eg 10mg TCA) & increase slowly as tolerated.**  
 Adequate trial is 6 wks at full dose listed above

Guideline developed by Dr Keith Carey-Smith (GP Liaison TDHB) from MOH Elective Services Primary Care Management Guideline on Headache in association with Taranaki Guidelines Development and Oversight Group, September 2004.

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Physicians (Physicians meeting 09/11/04)