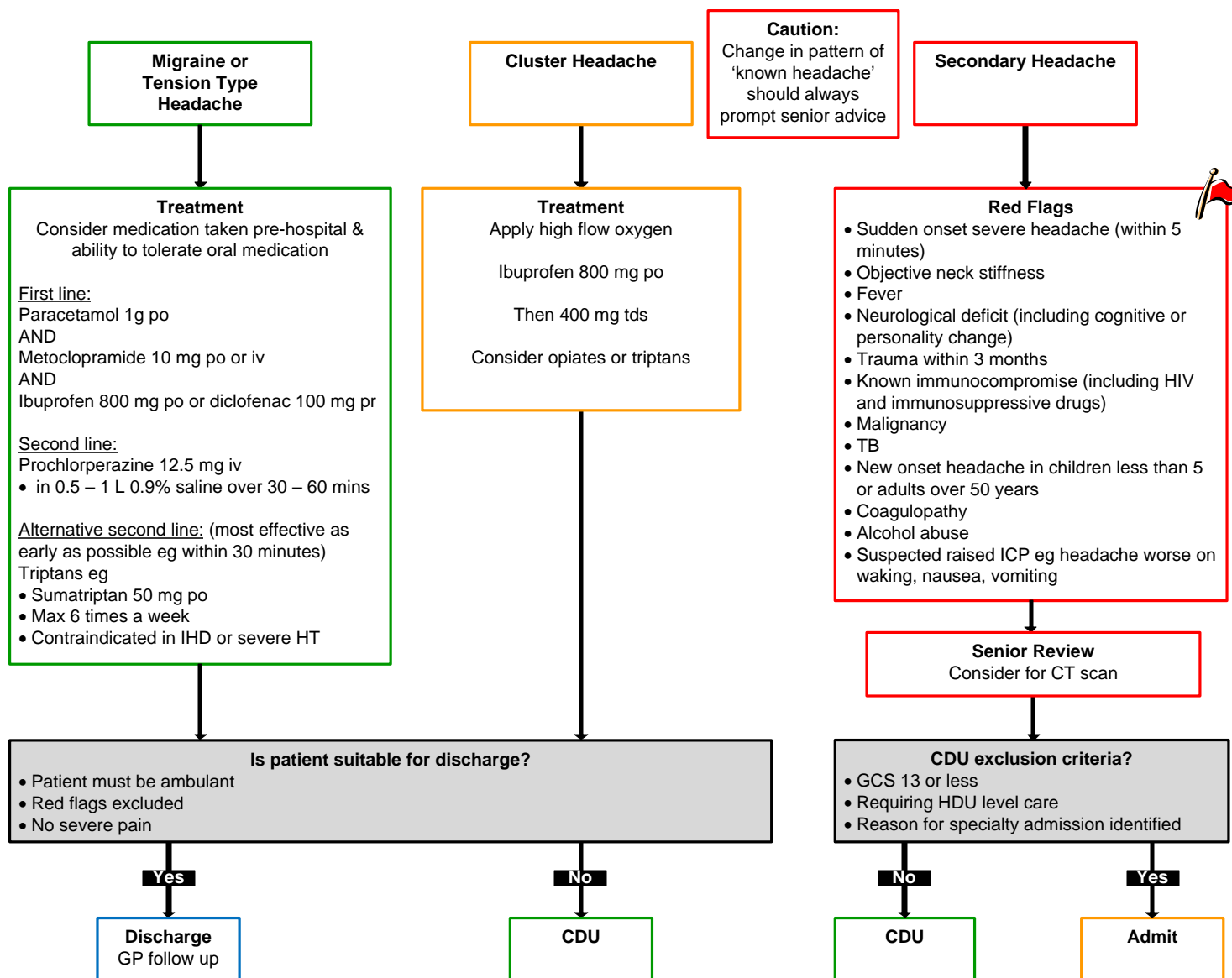


Headache

Primary Headache			Secondary Headache
<p>Tension Headache</p> <ul style="list-style-type: none"> Bilateral, generalised Pressure, tight band Constant No associated features, rarely disabling Chronic = more than 15 days per month 	<p>Migraine</p> <p>5 or more attacks lasting 4 – 72 hours</p> <p>Plus at least 2 of:</p> <ul style="list-style-type: none"> Unilateral Throbbing, pulsating Moderate-severe intensity Aggravated by activity <p>Plus at least 1 of:</p> <ul style="list-style-type: none"> Nausea and/or vomiting Photophobia and Phonophobia <p>May be associated with 'aura' prior to onset</p> <p>Prophylaxis offered if 4 or more per month</p>	<p>Cluster Headache</p> <ul style="list-style-type: none"> Unilateral, localised around eye / temple Rapid onset Severe pain lasting less than 3 hours Ipsilateral autonomic symptoms eg tearing, ptosis, rhinorrhoea, facial sweating, constricted pupil, red eye Restless and agitated with pain cf migraine 	<p>SAH: sudden onset severe headache. See SAH guideline</p> <p>Cerebral venous thrombosis: variable headache, nausea, vomiting, seizures, focal neurological signs. Risks include pregnancy, dehydration, sinusitis, hypercoagulable state, medication eg OCP, tamoxifen, steroids</p> <p>Temporal arteritis: tenderness to temple, jaw claudication, pale optic disc, myalgia, night sweats, malaise. Check CRP & ESR</p> <p>Glaucoma: impaired vision, mid-sized pupil, acute red eye</p> <p>SOL: headache on waking (cf 'in the morning'), nausea, vomiting, focal signs</p> <p>Carotid artery dissection: neck or facial pain, amaurosis fugax, ptosis with miosis (Horner syndrome), loss of taste, neck pain or headache related to neck movement</p> <p>Other: the list is not exhaustive but consider infection (abscess from ENT infection or meningitis), carbon monoxide poisoning, sinusitis, cervical spine disease, accelerated hypertension</p>
<p>Migraine and Tension headache have a similar response to treatment – exact diagnosis may not be possible in ED</p>			
<p>Medication Overuse Headache</p> <p>Headache develops or worsens when taking analgesics more than 10 - 15 days per month for 3 months or more</p> <p>Constant, daily use is the main risk</p> <p>Any analgesic can be associated, most commonly opioids, least commonly NSAIDs</p> <p>Management: stop analgesia for at least 1 week (if necessary, use NSAIDs only)</p>			



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Reference Documents

Headaches: diagnosis and management of headaches in young people and adults, CG150, NICE September 2012
Guidelines on the Diagnosis and Management of Headache in Adults SIGN November 2008
Rescue therapy for acute migraine, part 1 – 3; Kelley et al, American Headache Society, Headache, 2012