Emergency Department

Headache

**Primary Headache**

- **Tension Headache**
  - Bilateral, generalised
  - Pressure, tight band
  - Constant
  - No associated features, rarely disabling
  - Chronic = more than 15 days per month

- **Migraine**
  - 5 or more attacks lasting 4 – 72 hours
  - Plus at least 2 of:
    - Unilateral
    - Throbbing, pulsating
    - Moderate-severe intensity
    - Aggravated by activity
  - Plus at least 1 of:
    - Nausea and/or vomiting
    - Photophobia and Phonophobia
    - May be associated with ‘aura’ prior to onset

- **Cluster Headache**
  - Unilateral, localised around eye / temple
  - Rapid onset
  - Severe pain lasting less than 3 hours
  - Ipsilateral autonomic symptoms eg tearing, ptosis, rhinorhoea, facial sweating, constricted pupil, red eye
  - Restless and agitated with pain of migraine

**Medication Overuse Headache**

Headache develops or worsens when taking analgesics more than 10 - 15 days per month for 3 months or more
- Constant, daily use is the main risk
- Any analgesic can be associated, most commonly opioids, least commonly NSAIDs

**Management**

Stop analgesia for at least 6 months or more per month.
- Prophylaxis offered if 15 days per month.
- Consider medication taken prior to onset.
- Exact diagnosis may not be possible in ED.

**Migraine and Tension Headache** have a similar response to treatment – exact diagnosis may not be possible in ED.

**Secondary Headache**

- **SAH**: sudden onset serve headache. See SAH guideline
- **Cerebral venous thrombosis**: variable headache, nausea, vomiting, seizures, focal neurological signs. Risks include pregnancy, dehydration, sinusitis, hypercoagulable state, medication eg OCP, tamoxifen, steroids
- **Temporal arteritis**: tenderness to temple, jaw claudication, pale optic disc, myalgia, night sweats, malaise. Check CRP & ESR
- **Glaucma**: impaired vision, mid-sized pupil, acute red eye
- **SOL**: headache on waking (cf ‘in the morning”), nausea, vomiting, focal signs
- **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
- **Other**: the list is not exhaustive but consider infection (abscess from ENT infection or menigitis), carbon monoxide poisoning, sinusitis, cervical spine disease, accelerated hypertension

**Treatment**

- **Migraine or Tension Type Headache**
  - Consider medication taken pre-hospital & ability to tolerate oral medication
  - **First line:**
    - Paracetamol 1g po AND
    - Metoclopramide 10 mg po or iv AND
    - Ibuprofen 800 mg po or diclofenac 100 mg po
  - **Second line:**
    - Prochlorperazine 12.5 mg iv
      - in 0.5 – 1 L 0.9% saline over 30 – 60 mins
  - **Alternative second line**: (most effective as early as possible eg within 30 minutes)
    - Triptans eg
      - Sumatriptan 50 mg po
      - Max 6 times a week
      - Contraindicated in IHD or severe HT

- **Cluster Headache**
  - Apply high flow oxygen
  - Ibuprofen 800 mg po
  - Then 400 mg tds
  - Consider opiates or triptans

- **Secondary Headache**
  - **Red Flags**
    - Sudden onset severe headache (within 5 minutes)
    - Objective neck stiffness
    - Fever
    - Neurological deficit (including cognitive or personality change)
    - Trauma within 3 months
    - Known immunocompromise (including HIV and immunosuppressive drugs)
    - Malignancy
    - TB
    - New onset headache in children less than 5 years or adults over 50 years
    - Coagulopathy
    - Alcohol abuse
    - Suspected raised ICP eg headache worse on waking, nausea, vomiting

- **Senior Review**
  - Consider for CT scan

- **CDU exclusion criteria?**
  - GCS 13 or less
  - Requiring HDU level care
  - Reason for specialty admission identified

- **Is patient suitable for discharge?**
  - **Yes**
    - **Discharge**
      - GP follow up
  - **No**
    - **CDU**
      - **No**
        - **CDU**
      - **Yes**
        - **Admit**

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Barts Health Acute Care Guideline Group

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Headache

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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