

General Practice

Question 20 Headache

A 28 year old woman returns to her GP with ongoing headaches. She has been having headaches once a month. She experiences flashing lights prior to the onset and the headache is unilateral. She needs to lie down in a dark room when it comes on. She is unable to work when the headache is present, resulting in her having 1-2 sick days/ month at work. Paracetamol does not help when the headache is present. Her past medical history includes asthma and a BMI of 25.

Which of the following is the most appropriate management?

- a) Ibuprofen during acute attacks, propranolol as prophylaxis.
- b) Ibuprofen during acute attacks, topiramate as prophylaxis.
- c) Sumatriptan during acute attacks, propranolol as prophylaxis.
- d) Sumatriptan during acute attacks, topiramate as prophylaxis.
- e) Therapeutic lumbar puncture.

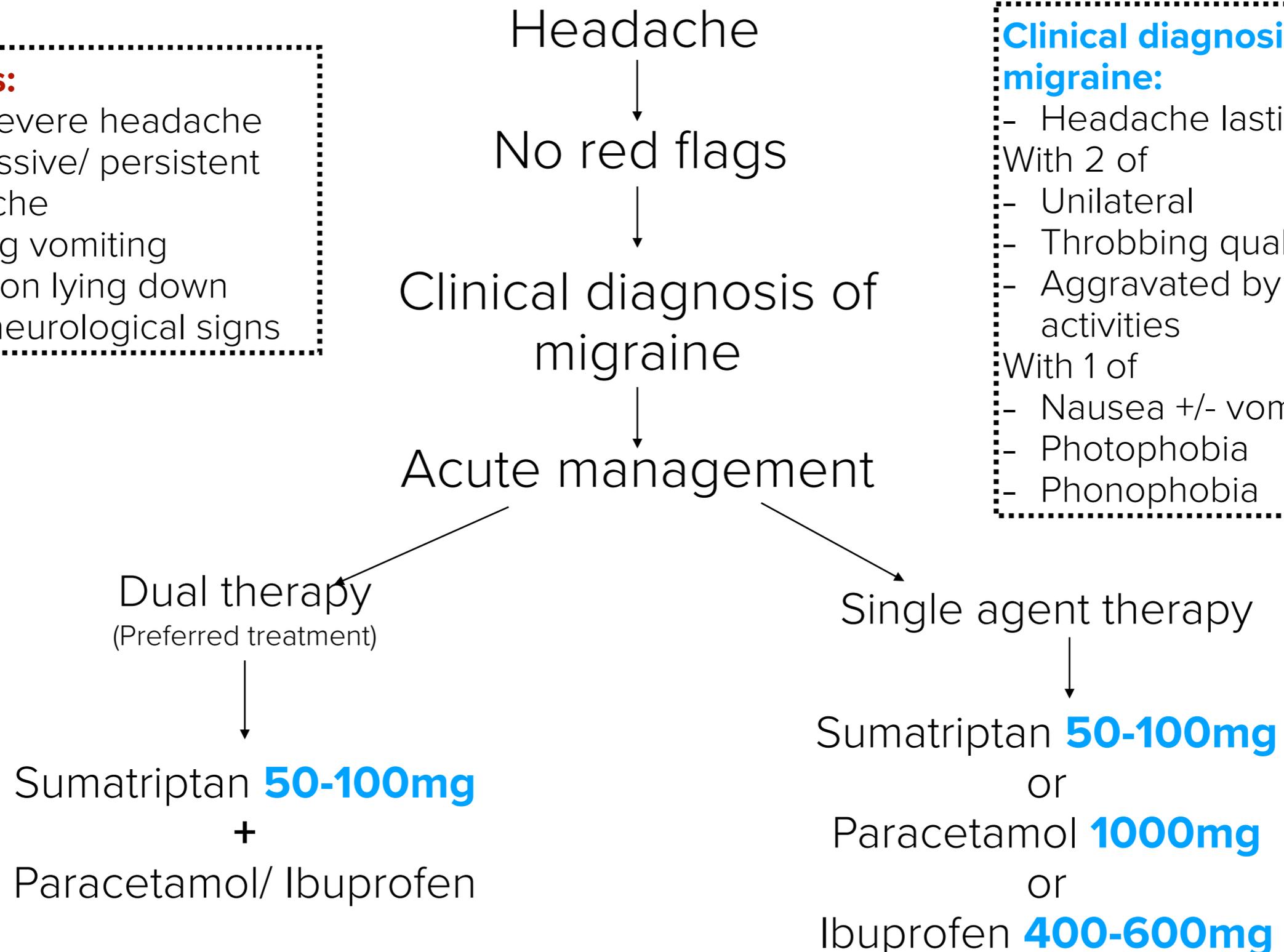
Migraine NICE CG150 - Headache in over 12s: Diagnosis and Management

Red flags:

- New, severe headache
- Progressive/ persistent headache
- Morning vomiting
- Worse on lying down
- Focal neurological signs

Clinical diagnosis of migraine:

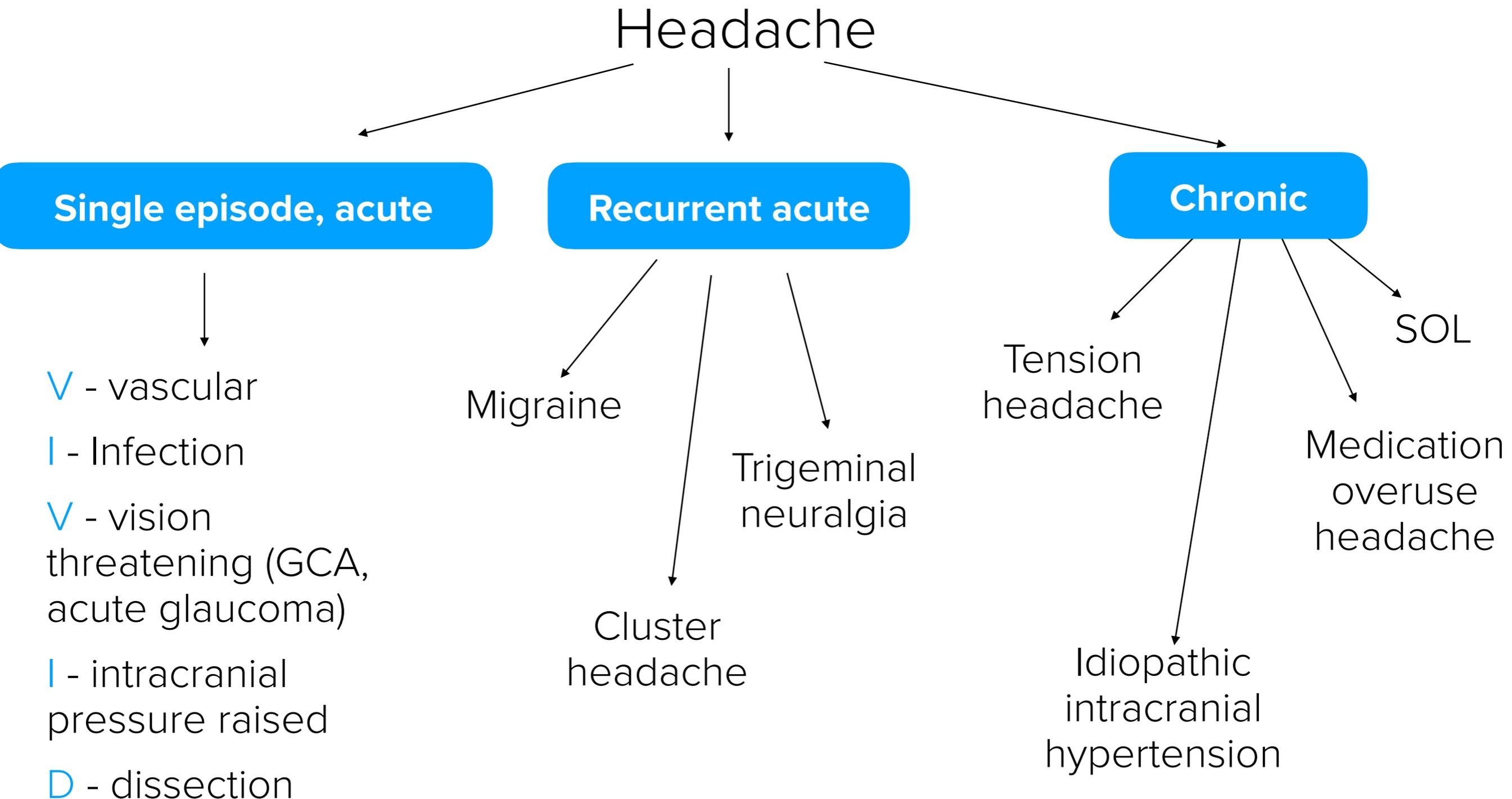
- Headache lasting 4-72hrs
- With 2 of
- Unilateral
 - Throbbing quality
 - Aggravated by daily activities
- With 1 of
- Nausea +/- vomiting
 - Photophobia
 - Phonophobia



Migraine NICE CG150 - Headache in over 12s: Diagnosis and Management

- Consider adding anti-emetic during acute attacks: **metoclopramide 10mg**
- Prophylaxis in migraine
 - Aims to reduce frequency, intensity and duration of migraine attacks
- When to consider prophylaxis:
 - When migraine has significant impact on daily life
 - Acute treatment is contraindicated/ ineffective
 - Risk of medication overuse headache
- Prophylaxis options
 - First-line: **propranolol 80-160mg daily**
 - Alternative first-line if above contraindicated: **topiramate 50-100mg daily**
 - Contraindicated in pregnancy
 - Must be on “highly effective contraception”
 - Second line: amitriptyline 25-75mg nocte

Headache Differentials Related Topic



Headache Differentials Related Topic

Type of headache	Presentation	Ix?	Treatment
Tension headache	Bilateral “Tight band” headache Not aggravated by physical activity	Clinical diagnosis	Lifestyle measures, paracetamol, ibuprofen Do not offer opioids
Medication overuse headache	Regular use of analgesia for ≥3 months Headache on at least 15 days/month	Clinical diagnosis	Explain diagnosis Lifestyle measures Withdrawal of analgesia
Cluster headache	Unilateral , stabbing orbital/supraorbital pain 15-180 minutes Autonomic features	If suspected - should consult neurology	Acute: SC sumatriptan +/- oxygen therapy Prevention: verapamil
Giant cell arteritis (Temporal arteritis)	Unilateral temporal headache Jaw claudication Visual disturbance - AION	ESR - raised Temporal artery biosy	No visual involvement: PO prednisolone Visual involvement: IV methylprednisolone

Benign Intracranial Hypertension Related Topic

- Also called idiopathic intracranial hypertension (IIH)
- Risk factors
 - Obesity
 - Female
 - Drugs: **COCP, steroids, tetracycline**
- Ix
 - CT head/ CT venogram
 - LP
 - Raised opening pressure (>15mmH₂O)
- Mx
 - Acetazolamide
 - Therapeutic lumbar punctures
 - Ventriculoperitoneal shunt



First line investigation

- Migraine is a clinical diagnosis.
- Headache's with red flag symptoms should be referred on to specialist care urgently for neuroimaging.

SBA Exam tips

When you read...	Remember...
Thunderclap occipital headache, reduced GCS	Subarachnoid haemorrhage
Temporal headache, jaw claudication and raised ESR	Giant cell arteritis
LP in last 24 hours, headache worst in upright position	Low pressure headache

Key Messages

- Migraine should be treated with dual-treatment in the acute setting: **paracetamol/ibuprofen + sumatriptan.**
- First-line prophylaxis treatment is **propranolol**, unless contra-indicated.
- Commencement of topiramate in women of child-bearing age requires initiation of **reliable contraception.**