Wandsworth and Merton: Primary Care Adult Headache Referral and Management Guidance

**Headache**

**Tension Type Headache**

- < 8 days/month
  - Simple analgesia (warn about medication overuse)

- 8-15 days/month
  - Consider starting Amitryptiline
  - Reconsider diagnosis

- > 15 days/month
  - Start Amitryptiline
  - Acute Neurology Clinic / Headache Clinic for urgent review

**Cluster Headache**

- New diagnosis or relapse

**For all Headache types**

- History, examination and Fundoscopy

**After first Primary Care review if diagnosis is not clear give headache diary and review patient at later date.**

**If still unclear after review consider electronic advice discussion if specific query or referral to Headache Clinic**

**Less common benign diagnoses to consider:**
- Cervicogenic headache (overdiagnosed)
- Primary stabbing headache
- Trigeminal neuralgia
- Primary sex headache
- TACs: Hemicrania Continua, Paroxysmal Hemicrania, SUNCT

**Analgesic Overuse?**

- > 15 days/month NSAID / paracetamol
- > 10 days/month opiates / triptans

- Supported withdrawal of analgesia.
- Identify and treat underlying syndrome

**For all patients offer**
- Lifestyle advice, trigger factors, review if on COC, headache diary, warn about medication overuse

**Migraine**

- High Frequency
- Chronic Migraine

- Low Frequency

**< 8 days/month**

- Acute treatment (consider prophylaxis, menstrual migraine)

**> 8 days/month**

- LIMIT analgesia

- Prophylactic Rx, any of:
  - Propranolol
  - Topiramate
  - Amitryptiline

**Repeat Attenders**

- Community Education (Community Migraine Advice Clinic, CMAC)

- Refer to Community Education (CMAC)

**< 8 days/month**

- Acute treatment

**> 15 days/month**

- Any headache (migrainous or not)

- Exclude medication overuse

- Start Prophylactic Medication

- Failure to respond after 1 prophylactic at adequate doses after 2 month period →

- Refer to Headache Clinic
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MODERATELY URGENT - Headache Amber Flags

- >50yr old with genuinely new headache or symptoms suggestive or GCA (e.g. jaw claudication, PMR)
  - Urgent FBC, ESR, CRP
  - Normal ESR
  - Raised ESR
  - Consider Giant Cell Arteritis and refer to acute medicine
  - Refer urgently before ESR result if visual symptoms

- New headache with recent head trauma within the last 3 months
  - Consider CT head (direct access local pathway)

- New headache in 3rd Trimester of Pregnancy or early post-partum
  - Consider electronic advice and urgent referral through acute neurology
    - ? Migraine ? Pre-eclampsia ? Cerebral venous sinus thrombosis

- New headache in existing cancer or immunocompromised
  - 1. If known to Oncology contact patient’s oncology team directly
  - 2. If not known to oncology consider direct access MRI OR two week rule referral OR if immunocompromised consider acute neurology referral

- Postural headaches
  - ? Raised ICP (Headache on recumbency, bending forward, Valsalva ± other raised ICP features)
  - ? Low ICP (Headache occurs rapidly on standing, relieved rapidly on lying)
  - Consider direct access MRI (?) posterior fossa lesions OR electronic advice OR headache referral

- Exercise-induced or cough-induced headaches occurring every time with exercise
  - Possible secondary headache: consider direct access MRI scan OR headache clinic referral

- New daily persistent headache abrupt onset one day without remission since and without antecedent history of headache
  - Consider carefully if any red flags. If not, review with headache diary.
  - If no clear diagnosis evident, consider non-urgent Headache Clinic Referral.

- Substantial change in headache phenotype

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**URGENT**

**HEADACHE RED FLAGS**

- **New Headache plus Subacute Progressive Focal Neurology**
- **New Headache Plus Seizures**
- **New Headache with Personality or Cognitive change not suggestive of Dementia, with no Psychiatric history, and confirmed by witness**

**Two Week Rule Referral**

If high level of concern discuss with acute neurology service

- **Headache with raised ICP features AND severe vomiting, drowsiness ± papilloedema or visual loss**

**Emergency referral**

- **Red Eye + Headache (especially elderly)**

Consider **Angle Closure Glaucoma**

(ΔΔ Cluster Headache or related disorder)

- **Thunderclap Headaches (<5 minutes to maximum severity)**
- **Acute headache with loss or alteration of consciousness**
- **Headache with Systemic symptoms, e.g.**
  - Malignant hypertension
  - Meningism
  - Fever
- **? Giant Cell Arteritis + visual symptoms (+ ↑ ESR)**
- **Emergency referral**