British Association for the Study of Headache

Concise Headache Management Guidelines

For further details and references readers are referred to the full published Guidelines (available at on this website). Drug information sheets can be found at www.headache.exeter.nhs.uk

Take an appropriately detailed history, and examine the patient. Ascertain the real problems.

Patterns of headache

Acute single headache
- Febrile illness, sinusitis
- First attack of migraine
- Following a head injury
- Subarachnoid haemorrhage, meningitis

Recurrent headaches
- Migraine
- Cluster headache
- Episodic tension headache
- Trigeminal or post-herpetic neuralgia
- Paroxysmal Hemicrania

Triggered headache
- Coughing, straining, exertion
- Coitus
- Food and drink

Dull headache, increasing in severity
- Usually benign
- Overuse of medication (e.g. codeine)
- Contraceptive pill, hormone replacement therapy
- Neck disease
- Temporal arteritis
- Benign intracranial hypertension
- Cerebral tumour

Dull headache, unchanged over months
- Chronic tension headache
- Depressive, atypical facial pain

Look out for:-

- Analgesic abuse, especially of Codeine, Ergotamine and Triptans
- Depression *Responds better to Tricyclics than SSRI's*
- Female Hormones *Dianette>Oestrogens> Progestogens> Mirena coil*

Oestrogens contraindicated in migraine with aura

Most patients with chronic headache fit into one of these three groups; Consider tricyclics and NSAID's.

- Head and Neck trauma
- Stress

Consider specific diseases:-

- Cluster Headache
- Temporal Arteritis. Check ESR in all patients >50
- Glaucoma
- Idiopathic Intracranial Hypertension
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Indications for referral, and/or imaging

- First or worst headache, especially if of sudden onset
- Short history of headache, especially in older patients
- Concern (often unvoiced) over brain lesion: tumour, MS, stroke, bleed
- Increased frequency of vomiting and headache on waking
- Headache triggered by coughing, straining or postural changes
- Persistent physical symptoms or signs after attacks, neurological or endocrine
- Meningism, confusion, impairment of consciousness or seizure

Analgesics
- Most will have tried Paracetamol, Aspirin and Ibuprofen
- Prescription NSAID's (Naproxen, Diclofenac)
- Anti-emetics (Domperidone)
- Then:- **Triptans** Differences can be utilised in practice

	Trade name	Tablets	Melt	Nasal	Subcutaneous
Sumatriptan	**Imigran**	**£4.95-£8**		**£6**	**£22.60**
Zolmitriptan	**Zomig**	**£4**	**£4**	**£6.75**	
Naratriptan	**Naramig**	**£4**			
Rizatriptan	**Maxalt**	**£4.46**	**£4.46**		
Eletriptan	**Relpax**	**£3.75**			
Almotriptan	**Almogran**	**£3.25**			
Frovatriptan	**Migard**	**£2.95**			

	Advantages	Disadvantages
Sumatriptan	Well established Subcutaneous available	Expensive Poorly absorbed
Zolmitriptan	Cheaper; S/L tastes better Melt available	Occasional confusion
Naratriptan	Cheaper; Long acting; low recurrence rate	Slow onset of relief
Rizatriptan	More rapid action Melt available	High recurrence rate
Almotriptan	Cheaper; ± Fast acting Long acting; low recurrence rate	
Eletriptan	Cheaper; Long acting; low recurrence rate	Pumped out of CNS; High doses; more side-effects
Frovatriptan	Cheapest Very long acting	Slow onset of relief

Indications for migraine prophylaxis

- Frequent attacks (>2 per month), that, in spite of acute therapy, cause significant disability.
- Failure, contraindications, or unacceptable side effects of acute treatment
- Medication overuse
- Hemiplegic migraine or attacks with a risk for permanent damage
- Very high attack frequency (>2 per week)
- Progression
- Patients preference

Migraine - Preventive Treatment

Try adequate doses for about 6 months

First choice	•Betablockers (Propranolol, Atenolol)
Second choice	•Antiepileptic drugs (Valproate, Topiramate) Except in young women
Third choice	•Antidepressants (Amitriptyline, Nortriptyline)
Fourth choice	•Serotonin antagonists (Pizotifen, Methysergide)
Fifth choice	•Riboflavin, coenzyme Q10, magnesium
Special cases	•Menstrual migraine: NSAIDs, continuous contraceptive pill, naratriptan, frovatriptan •Exercise induced: betablockers, indomethacin