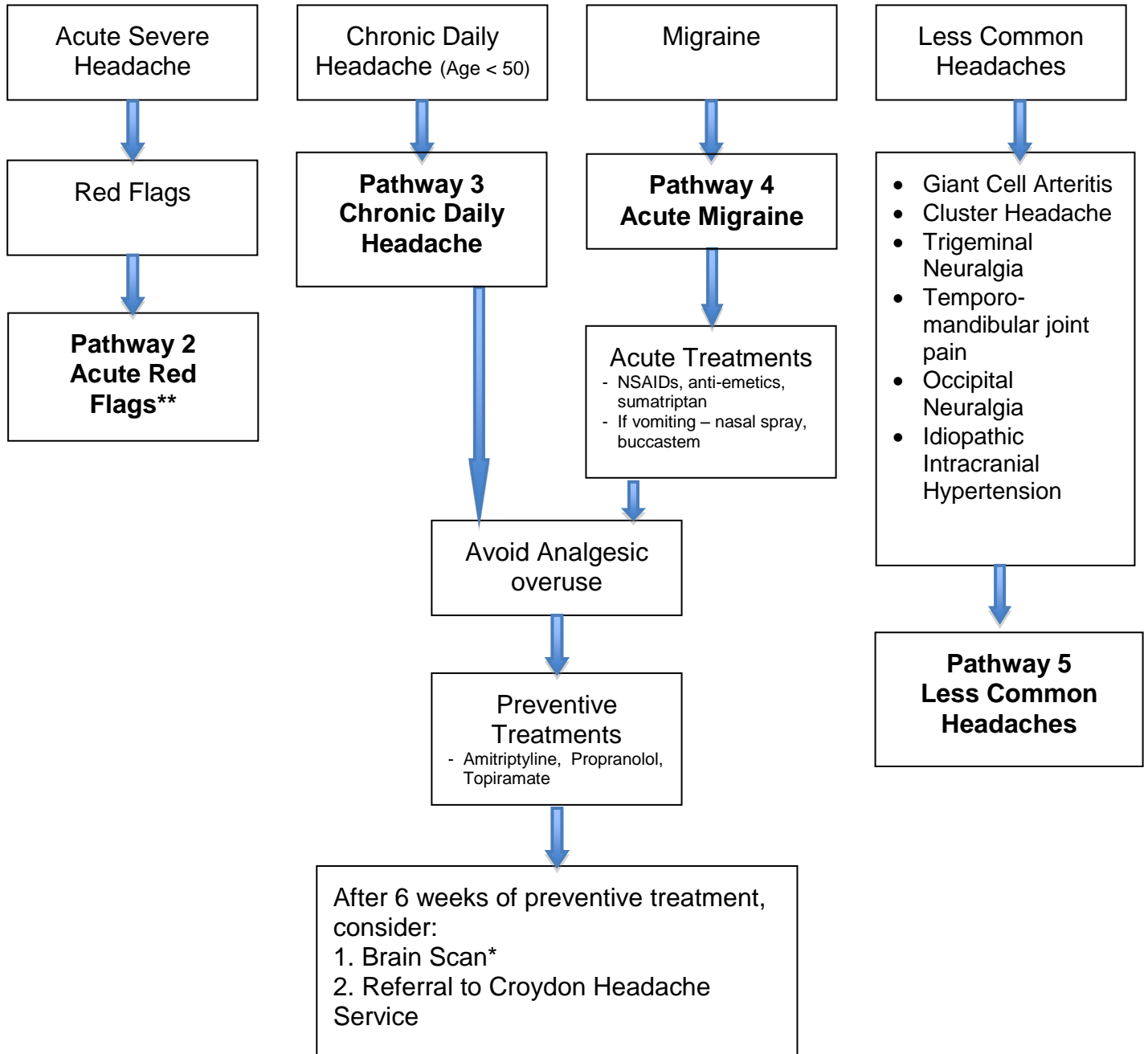
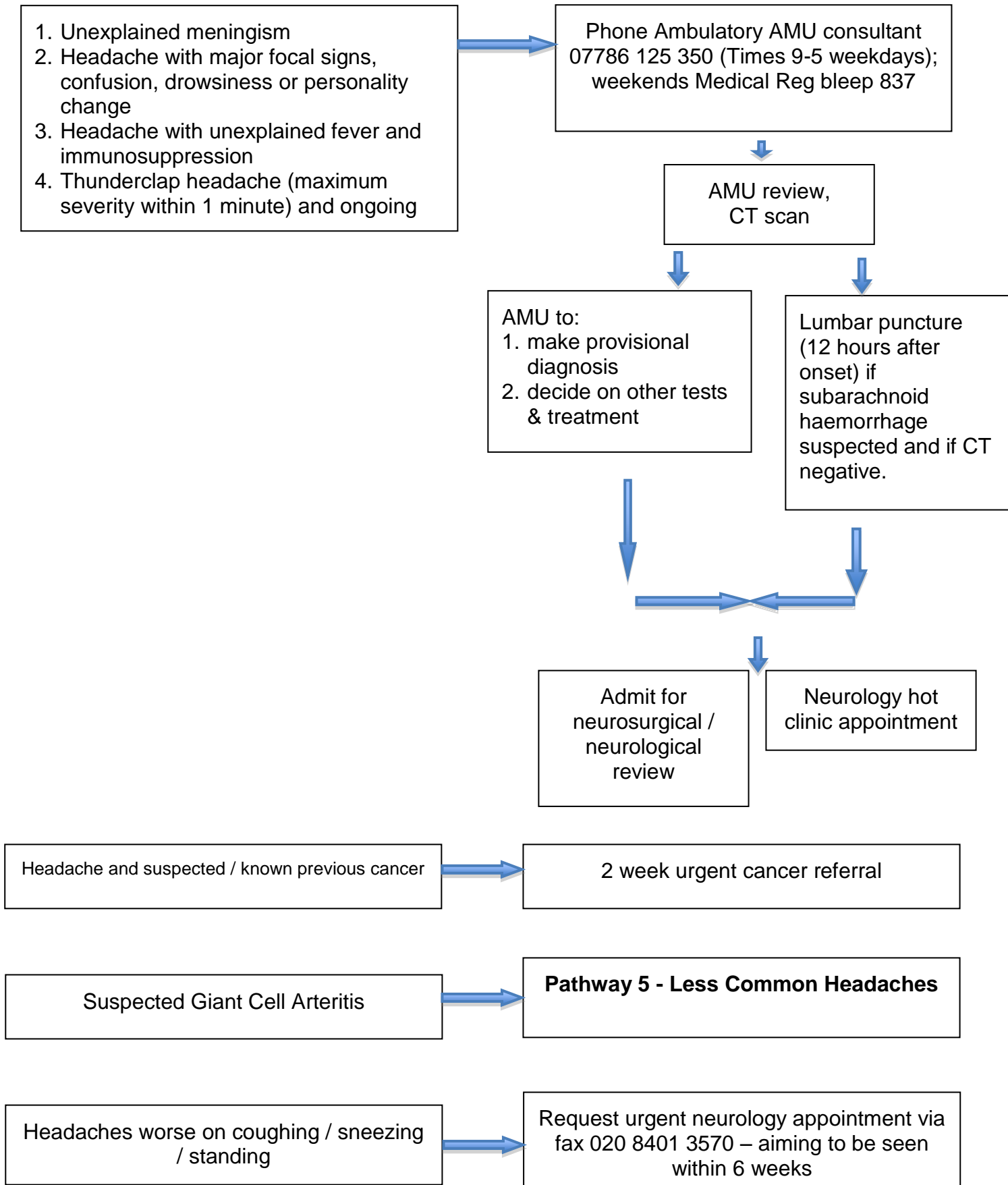


ADULT HEADACHE PATHWAY July 2016

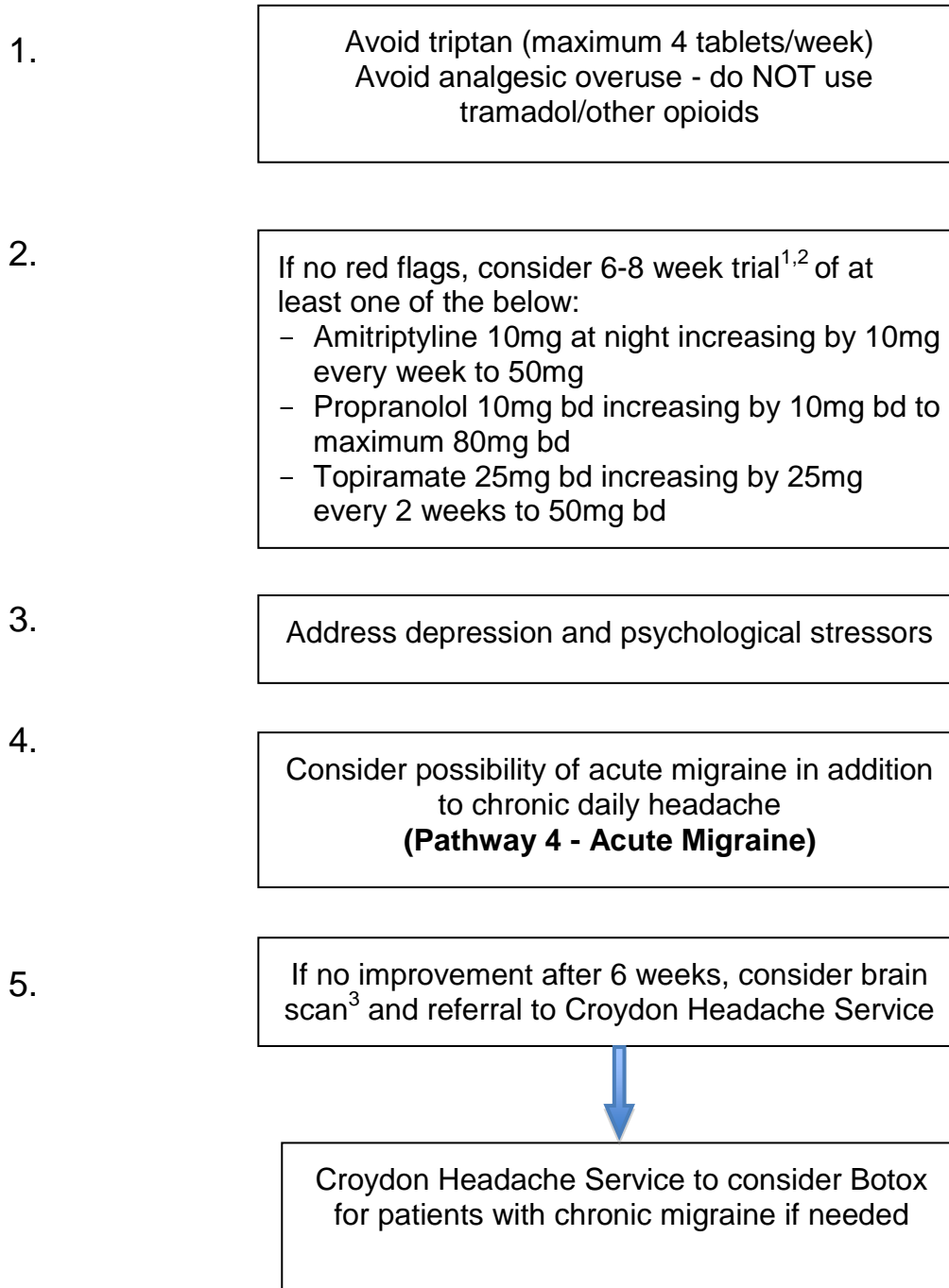


* Diagnostic brain scan accessed via referral to direct access CT scan
** See also Head Injury and Brain Tumour guidelines

ADULT HEADACHE PATHWAY 2 - ACUTE RED FLAGS



ADULT HEADACHE PATHWAY 3 – CHRONIC DAILY HEADACHE

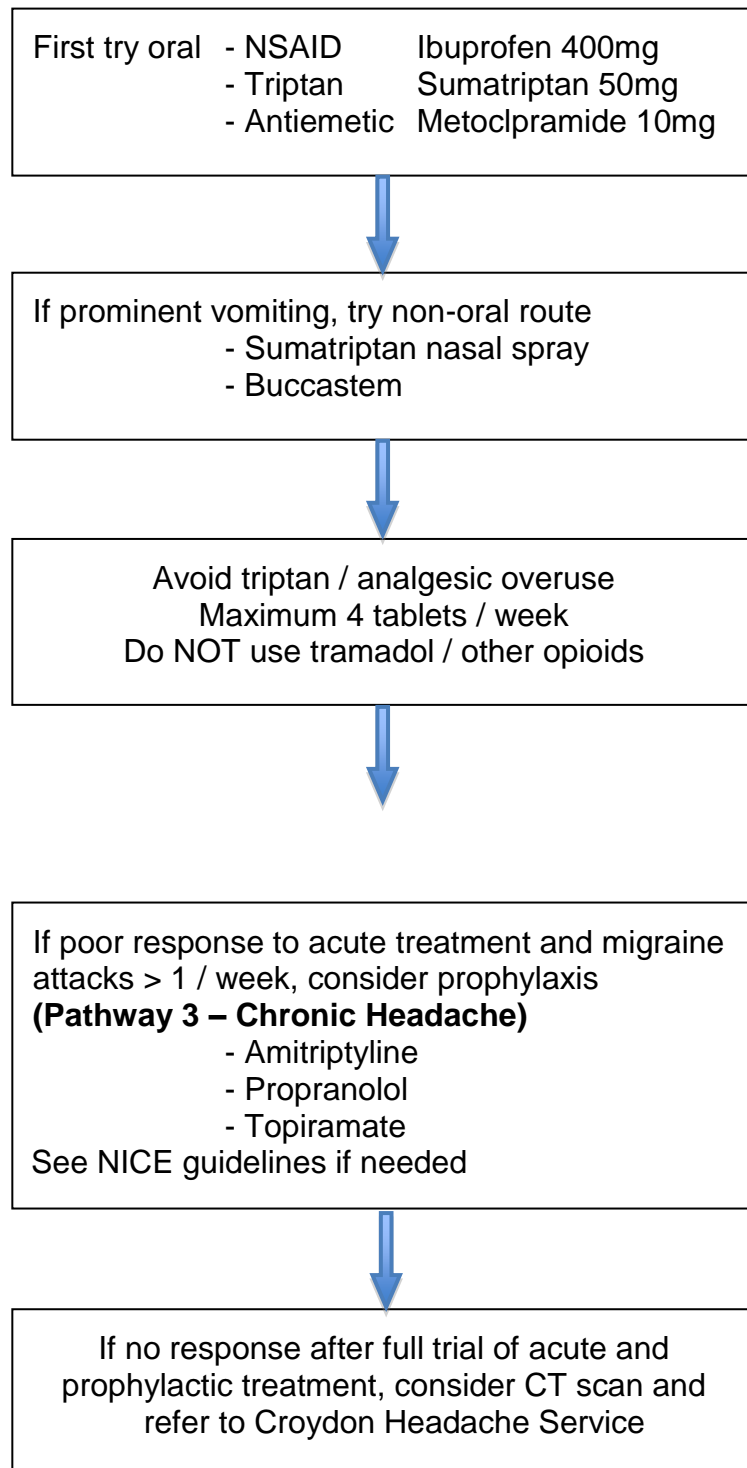


¹ NICE CG150 Headaches in over 12s: Diagnosis and Management, 2012

² Not advised in pregnancy

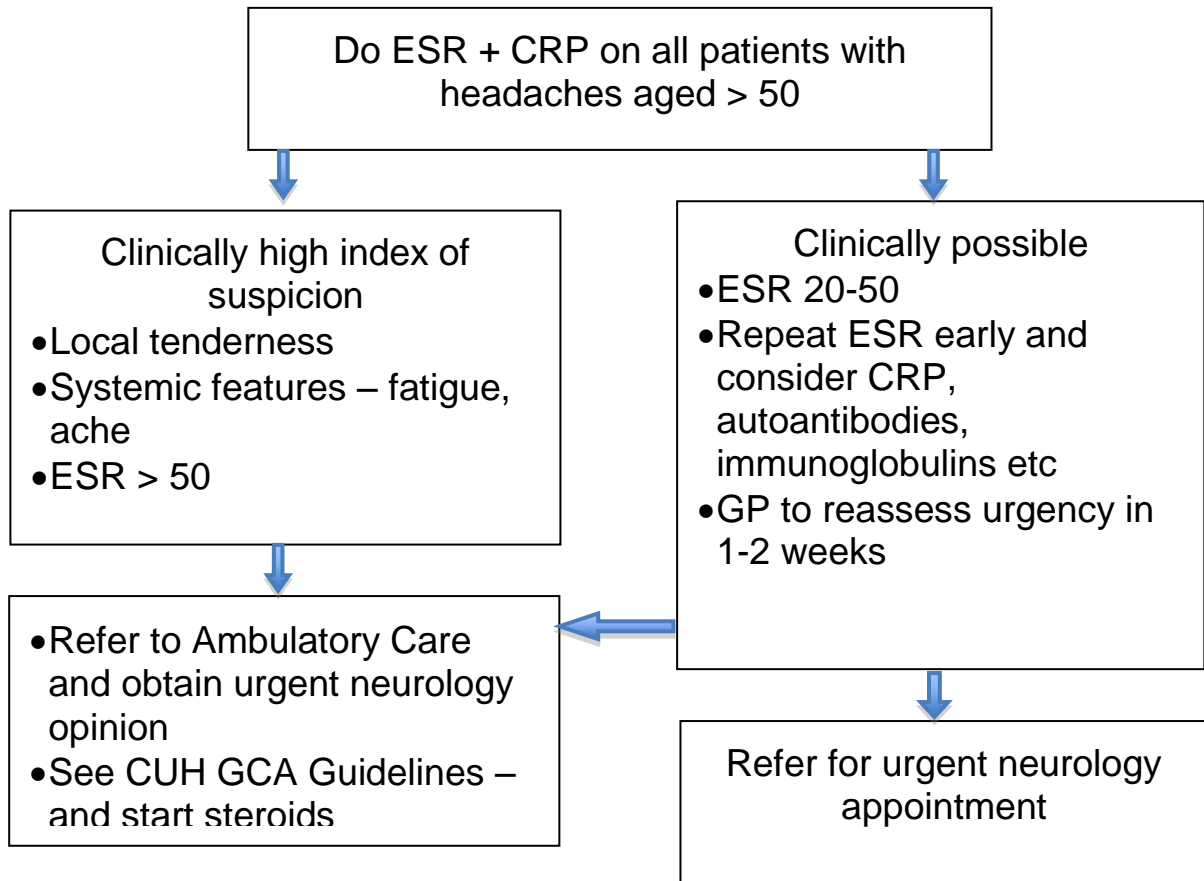
³ Brain Scan – Diagnostic brain scan accessed via referral to direct access CT scan

ADULT HEADACHE PATHWAY 4 – ACUTE MIGRAINE



ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES

GIANT CELL ARTERITIS



Previous Diagnosis of GCA

- Medical emergency recurrences rare and treatment with prolonged high dose steroids carries significant risk.
- ESR & CRP of limited use when on treatment.
- Liaise with physician who initiated treatment if possible. If not possible, assess urgency as above.

ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES

CLUSTER HEADACHE

Sumatriptan nasal spray for acute attack
up to 3 x / day.
If headache at night, consider
Sumatriptan 50mg tablet before bed.



Do ECG⁴, then start verapamil 40mg tds
increasing after 4 days to 80mg tds if no
response. If no response, increase to
120mg tds.



If no response to verapamil,
refer to Croydon Headache Service
fax 020 8401 3570
Home oxygen and occipital nerve block
may be of benefit

Typical features of cluster headache

- Young men
- Severe pain around the eye lasting 20-90 minutes up to 3 x / day
- Eye waters, nose blocks
- Wakes up at night
- Rocks back and forth during attack

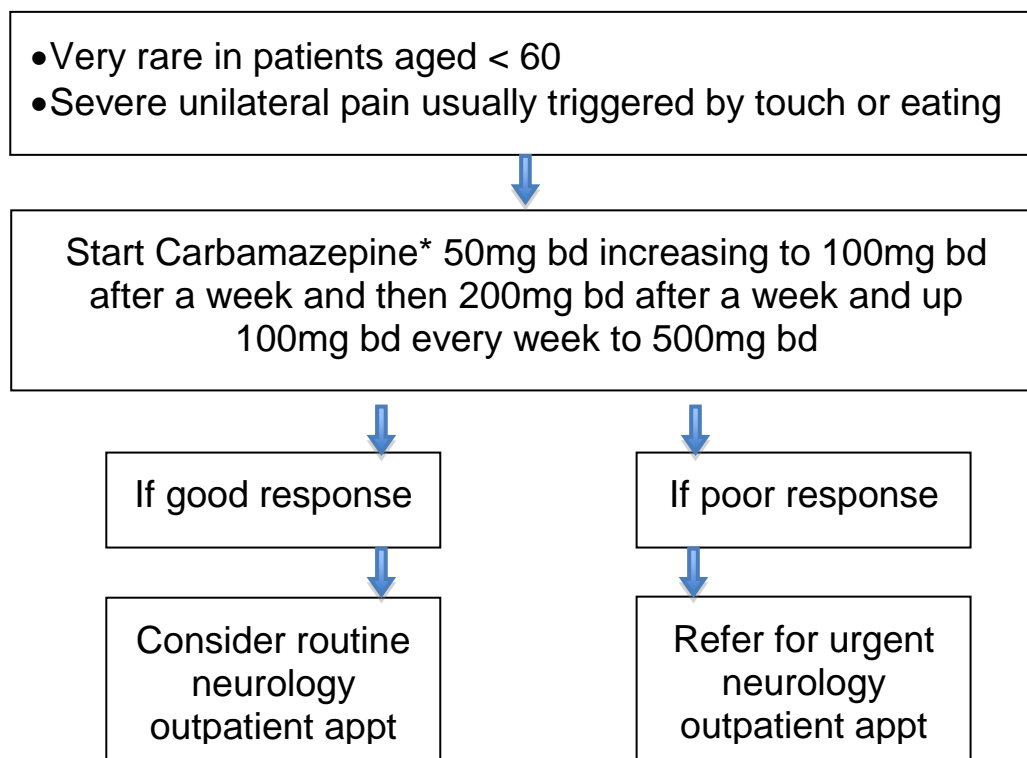
⁴ Do not start if in heart block.

ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES

TEMPROMANDIBULAR JOINT (TMJ) PAIN

- Often misdiagnosed as trigeminal neuralgia
- Very common in age <60
- Unilateral cheek and jaw pain
- Often worse at night (teeth clenching and grinding)
- Try Amitriptyline
- Consider maxillo-facial referral for bit guard

TRIGEMINAL NEURALGIA



* If allergic, use oxcarbazepine.

OCCIPITAL NEURALGIA / CERVICOGENIC HEADACHE

- Unilateral occipital pain
- Often after whiplash
- Often local area of occipital scalp tenderness
- Consider referral to Dr Nava, Pain Clinic, Purley for occipital nerve block

ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES

IDIOPATHIC INTRACRANIAL HYPERTENSION

- Consider in young women with significantly raised BMI
- If eye symptoms, consider Eye Unit Casualty
- If major headache, consider referral to neurology outpatients