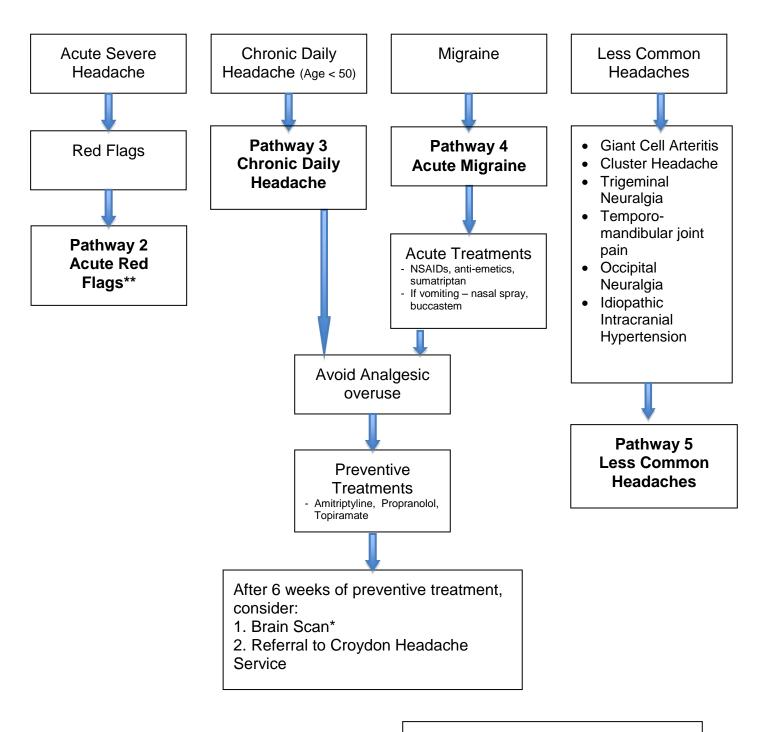
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ADULT HEADACHE PATHWAY July 2016

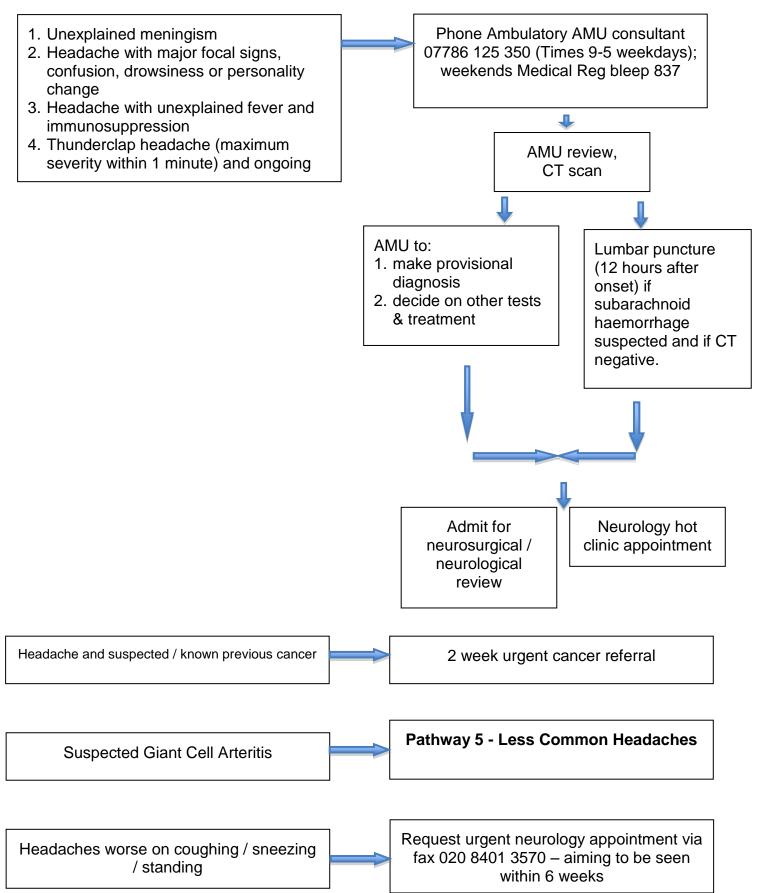


- * Diagnostic brain scan accessed via referral to direct access CT scan
- ** See also Head Injury and Brain Tumour guidelines

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ADULT HEADACHE PATHWAY 2 - ACUTE RED FLAGS



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ADULT HEADACHE PATHWAY 3 – CHRONIC DAILY HEADACHE

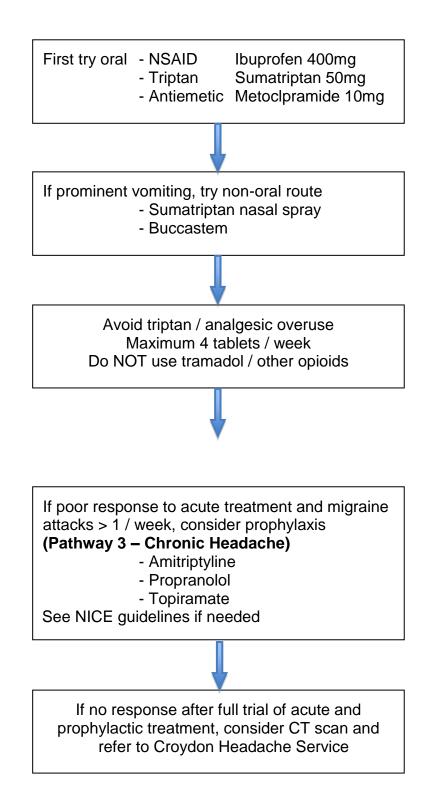
Avoid triptan (maximum 4 tablets/week) 1. Avoid analgesic overuse - do NOT use tramadol/other opioids 2. If no red flags, consider 6-8 week trial^{1,2} of at least one of the below: - Amitriptyline 10mg at night increasing by 10mg every week to 50mg - Propranolol 10mg bd increasing by 10mg bd to maximum 80mg bd - Topiramate 25mg bd increasing by 25mg every 2 weeks to 50mg bd 3. Address depression and psychological stressors 4. Consider possibility of acute migraine in addition to chronic daily headache (Pathway 4 - Acute Migraine) If no improvement after 6 weeks, consider brain 5. scan³ and referral to Croydon Headache Service Croydon Headache Service to consider Botox for patients with chronic migraine if needed

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

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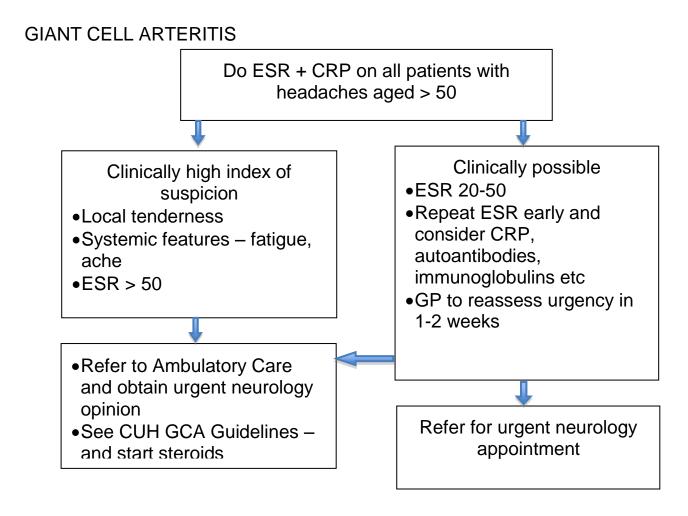
ADULT HEADACHE PATHWAY 4 – ACUTE MIGRAINE



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ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES



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.

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ADULT HEADACHE PATHWAY 5 – LESS COMMON **HEADACHES**

CLUSTER HEADACHE

Sumatriptan nasal spray for acute attack up to $3 \times / day$. If headache at night, consider Sumatriptan 50mg tablet before bed. Young men 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

- 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.

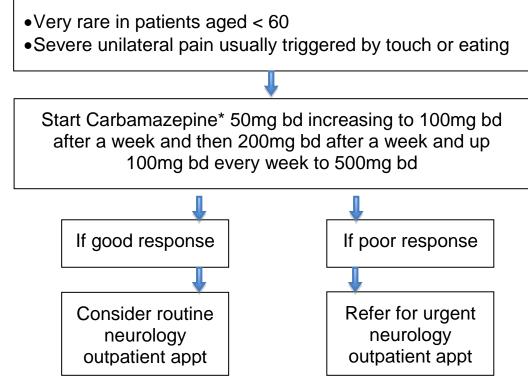
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ADULT HEADACHE PATHWAY 5 – LESS COMMON HEADACHES

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

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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