

# ADULT HEADACHE PATHWAY - GSTT

- Red flags –urgent referral**
- Thunderclap headache/subarachnoid haemorrhage
  - Impaired level of consciousness / fever
  - New-onset neurological deficit/papilloedema
  - New-onset cognitive dysfunction /change in personality
  - Symptoms suggestive of giant cell arteritis (jaw claudication, ↑ESR)
  - New onset headache in immunocompromised/malignancy
  - Recent head trauma
  - New onset headache in patients >50 yr old
  - Symptoms and signs of acute narrow-angle glaucoma (unilateral, painful red eye)
  - Headache with prolonged or atypical aura (> 1 hour or motor weakness)
  - Progressive headache worsening over weeks
  - Headache triggered by cough / Valsalva /postural

**History** :onset, severity, frequency, duration, triggers, medications  
**Examination**: neuro exam, BP

**Episodic headache**

**Chronic headache (>15 days/month)**

**Migraine with/without aura**  
**Diagnosis:**  
 •Headache lasts 4-72 hrs (untreated) with at least two of: unilateral, pulsating, moderate/severe pain, aggravation by physical activity.  
 •Nausea/vomiting or photophobia/phonophobia

**Treatment**  
 •Acute- NSAID +/- Domperidone 10mg (noting MHRA guidance). Triptans  
**Limit analgesics/triptans to 2 days /week)**  
 •Preventative- propranolol up to 40mg tds (if no asthma) or amitriptyline up to 1mg/kg/day

**Cluster Headache**  
**Diagnosis:**  
 •1-8 attacks/day  
 •Severe, unilateral pain lasting 15-180 mins with one of : ipsilateral lacrimation, conjunctival injection, nasal congestion/rhinorrhoea, ptosis, flushing.  
 •Agitation or restlessness

**Treatment**  
 s/c or nasal sumatriptan / nasal zolmitriptan.  
 High flow rate oxygen 10-12 L/min with non-rebreather mask.  
**Refer for diagnosis**

**Tension type headache**  
 •Bilateral,  
 •Featureless  
 •Mild/moderate  
**Treatment**  
 NSAID / paracetamol (< 2x week)  
 Amitriptyline if preventative required

**Chronic migraine**  
**Medication-overuse headache**  
**Chronic tension-type headache**  
**Treatment**  
 •Limit analgesics/triptans to 2 days/week (to prevent medication-overuse headache)  
 •Initiate preventative depending on headache diagnosis

**Trigeminal neuralgia**  
 Carbamazepine 100mg-400mg bd or  
 Gabapentin 100mg tds -1200mg tds

**Other headaches**  
 ?cause

**Refer to headache/neurology clinic**