

Primary Care Advice and Guidance

Headache

Migraine

- Usually asymmetrical/unilateral.
- Throbbing/pulsing/banging.
- Nausea, dizziness, sensitive to light/sound/smell/movement.
- Sometimes preceded by aura.
- 4-72 hours untreated.
- Often menstrual.
- Aggravated by routine activity – tend to lie still in the dark and quiet.
- Sometimes specific trigger.
- Chronic form: at least 3 months of at least 15 headache days per month, 8 of which are migraines.

Tension headache

- Vice/band-like.
- No migraine features.
- Able to continue routine activity.
- Associated with stress.
- Chronic form: at least 3 months of at least 15 days per month.

Medication overuse headache

- Analgesia (simple or opiates)/triptans used more than two days per week.
- Variable clinical features.

Cluster headache

- Excruciatingly severe boring unilateral orbital/supraorbital/temporal pain.
- Some of: red watering eye/nose, facial flushing/sweating, small pupil, ptosis, eyelid swelling.
- Agitated – tend to pace around.
- 15-180 mins, often at same time each day/night.
- Clusters lasting days/weeks of repeated attacks with periods of remission between.

Paroxysmal hemicrania

- Unilateral boring pain often orbital.
- Some of: red watering eye/nose, facial flushing/sweating, small pupil, ptosis, eyelid swelling.
- Up to 45 mins duration, often multiple attacks per day.
- Tend to sit quietly.
- Chronic form :hemicrania continua.
- Defined by effectiveness of indomethacin.

SUNCT/SUNA

- Brief (up to 2 minutes), very severe stabbing pain.
- Strictly unilateral orbital/supraorbital.
- Some of: red watering eye/nose, facial flushing/sweating, small pupil, ptosis, eyelid swelling.

Helpful links

Diagnostic criteria: [The International Classification of Headache Disorders - ICHD-3](#)

Management guidelines: [Guidelines - BASH](#)

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Migraine management tips

- Reduce or eliminate caffeine and alcohol gradually.
- Optimise sleep with regular wake-up and bed times.
- Regular meal times.
- Regular light exercise.

• **Triptans:**

- If one triptan fails try others.
- If rebound migraine after triptan wears off try Frovatriptan (half-life 26 hours).
- Consider nasal spray or subcutaneous injection for refractory cases.
- Menstrual migraine: begin taking daily triptan 2 days before bleeding due and continued for 5-7 days each month.
- Caution: avoid in significant vascular disease, uncontrolled hypertension.
- Soluble aspirin 900mg or NSAIDs.
- Consider an anti-emetic (prochlorperazine or metoclopramide) even in the absence of nausea and vomiting
- If two triptans fail consider Rimegepant 75mg PRN up to once daily.
- No acute treatments for more than 2 days per week (except in menstrual migraine).

First line prevention (generally if \geq 2 attacks or 1 prolonged attack per month):

- Riboflavin 400mg daily from supermarket.
- One of:
 - (i)Propranolol e.g. 40mg BD; increase by 40mg every 6-8 weeks as needed and tolerated up to 120mg BD.
 - (ii)Amitriptyline e.g. 10-20mg 7-8pm; increase by 10mg every 6-8 weeks as needed and tolerated up to 75mg per day.
 - (iii)Candesartan 8mg; increase by 8mg every 6-8 weeks as needed and tolerated up to 32mg daily.
 - (iv)Topiramate problematic in woman of child-bearing age – pregnancy prevention programme must be followed.
- Treatment failure defined as at least 3 months on maximum tolerated dose.
- Withdraw ineffective drugs gradually.
- If successful, aim to gradually withdraw preventers after 6 months good control.

Secondary care referral criteria:

Failure of three first line preventers PLUS 3 months treatment with Atogepant 60mg daily or Rimegepant 75mg alternate days.

Pregnancy:

- Migraine often improves during pregnancy.
- Avoid any drugs if possible other than paracetamol, but sumatriptan can be used if benefits outweigh risks.
- Propranolol has most evidence of safety.
- Avoid NSAIDs, aspirin, candesartan, topiramate, gepants.
- For refractory patients consider referral to local acute neurology service or headache clinic for greater occipital nerve block – can be repeated every 3 months during pregnancy until patient is able to take medication.