Headache in Ambulatory Care Centre - Summary Clinical Guideline

Reference no.: CG-NEURO/2016/002

Guideline:

It is important to recognise red-flag symptoms to differentiate primary from secondary headache disorders, which may warrant brain imaging/further investigations (see box 1). These should be mentioned when referring patients to Ambulatory Care Centre for assessment.

Box 1: Red flag features

- worsening headache with fever
- thunderclap headache
- new-onset neurological deficit
- new-onset cognitive dysfunction
- change in personality
- impaired level of consciousness
- recent (typically within the past 3 months) head trauma
- headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze
- headache triggered by exercise
- orthostatic headache (headache that changes with posture)
- symptoms suggestive of giant cell arteritis
    - jaw claudication, systemic features, age >50 years
- symptoms and signs of acute narrow angle glaucoma
    - unilateral painful red eye
- a substantial change in the characteristics of their headache

Not all headaches require head imaging and/or lumbar puncture.

Patients presenting with suspected meningitis/encephalitis should not be referred to Ambulatory Care Centre. Please refer to separate guidance for this.

Timing is important:

- Sudden onset: Thunderclap is defined as headache reaching maximal intensity from onset within 5 minutes
- Recent onset and progressive: evolution of headache over days to weeks with associated systemic features +/- focal neurological deficits increases the probability of this being a secondary headache
- Recurrent episodic headache in isolation is more likely to be due to a primary headache disorder

Site of headache:

- Side locked unilateral headaches (i.e.: never bilateral) which are not secondary headaches (no red flags) could be migraine or trigeminal autonomic cephalalgias.

Features that do not help to differentiate between primary and secondary headaches:

- Severity
- Treatment response
- Clinical characteristics

Thunderclap headache:

Subarachnoid haemorrhage (SAH) is the main condition that requires ruling out in patients presenting with thunderclap headache. Differentials include: cerebral venous thrombosis, intracranial hypotension

- These patients should be referred for CT brain imaging
- If CT brain is normal, and clinician feels it is appropriate, lumbar puncture should then be performed after at least 12 hours post onset
    - Opening pressure should be taken (to help with diagnosis of differential diagnoses) in lying down lateral position.
    - CSF should be sent for: Bottle 2 for Xanthochromia, Protein, Glucose; Bottles 1 and 3 for Microbiology.
    - Take extra care to protect bottle 2 CSF sample from sunlight to prevent degradation
    - Send a simultaneous blood glucose sample
- If CT brain and Lumbar puncture are both normal then SAH is safely excluded.

For management flow charts of common causes of headache, please refer to full clinical guidance.