7. HEADACHE

This is a challenging symptom to work up in primary care because serious causes are rare but devastating if missed. Always ask about these red flags:

- worst headache or thunder clap headache (subarachnoid hemorrhage);
- visual loss (temporal arteritis);
- new onset headache in the elderly;
- positional exacerbation or worsening with valsala;
- morning headaches;
- headache in pregnancy, especially in the third trimester;
- trauma or intoxication or anticoagulation;
- history of carcinoma; and
- other neurological deficits.

An expanding intracranial mass paradoxically presents with relatively mild unremitting headache.

Much more common causes are of course:

- tension headache;
- migraine;
- cervical disc disease;
- eye disorders including refractive errors;
- sinusitis;
- rebound headache from overuse of analgesia; and
- iatrogenic headache (most commonly nitrates and Ca channel blockers).

For a pdf of the Top Ten Differential Diagnoses in Family Medicine pamphlet or to access the slide show on-line, go to [http://www.familymedicine.uottawa.ca/eng/TopTenDifferentialDiagnosisInPrimaryCare.aspx](http://www.familymedicine.uottawa.ca/eng/TopTenDifferentialDiagnosisInPrimaryCare.aspx).

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Ca—calcium; CNS—central nervous system; CVA—cerebrovascular accident; GI—gastrointestinal; NYD—not yet diagnosed; URI—upper respiratory infection.