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Creba AS  
Walker I  
Keegan DA



# Headache

## Migraine Headaches

Sx: throbbing, unilateral, photo-/phono-phobia, nausea, debilitating, +/- auras

Dietary Triggers: EtOH, chocolate, cheese, MSG, aspartame, caffeine, nuts, nitrates

Tx: 1. NSAIDs (ibuprofen 200-800 mg or ASA 1000mg q4h)

2. Triptans (almotriptan+others) } ⚠ with CAD/CVD/SSRI; DON'T USE with MAOI  
3. Ergotamines  
4. Prochlorperazine 5-10mg IM or IV; Metoclopramide 5-10mg IM or IV

### Prevention:

- β-blockers (propranolol 40-240 mg/day, metoprolol 50-200mg/day)
- Calcium channel blockers (verapamil 240-320mg/day, flunarizine 5-10mg/day)
- Anticonvulsants (valproic acid 500-1800mg/day, topiramate (25-100mg/day)
- TCAs (amitriptyline 50-150mg/day)

## Cluster

### Diagnosis

- ≥5 episodes lasting 15-180min
- Unilateral (orbital/temporal)
- Frequency: 8x/d to q2d
- ≥1 ipsilateral sx (autonomic eye, nose or face) or agitation

### Acute Tx:

- 100% O<sub>2</sub> ≥7L/min x 15min
- Sumatriptan 6mg SC
- Lidocaine 1mL 4% intranasal
- Octreotide 100 mcg SC

## Headaches

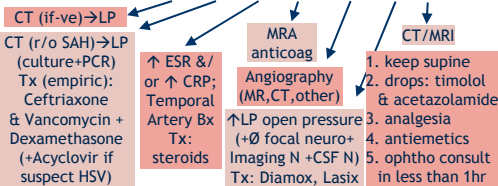
### Preventative Tx:

- Prednisone 50mg x 5 day, then taper ↓ 10 mg/day [bridging prophylaxis]
  - Verapamil ≥240mg/day, do ECG to watch for ↑ PR; takes 2-3 weeks to kick in
- ↳ Alternatives: lithium, methysergide, topiramate, melatonin, ergotamine

## Dangerous Headaches: Red Flags

		X = Classic Features								
		SAH	Infxn	TA	CVT	Dissxn	BIT	Mass	ACG	
HISTORY	Recent Trauma → consider CT									
	Sudden Onset (exertion)	X				X				X
	New (<5 or >50yrs)	X		X				X		X
	Worst headache of life	X	X			X				
	Progressive over wks-mnths							X		
	↑ pain am/supine/bend over				X		X	X		
	Nausea/Vomiting	X	X		X		X	X	X	X
	Vision changes			X		X	X	X	X	X
Jaw claudication			X							
PHYSICAL	↓ Level of Consciousness		X		X			X		
	Fever		X							
	Focal Neuro Findings	X	X		X	X		X		
	Meningismus	X	X							
	Petechial Rash		X							
	Papilledema				X		X	X		
	Eye red, cloudy cornea									X
	Mid fixed dilated pupil									X
Tender, Ø pulse temp artery			X							

SAH: subarachnoid hemorrhage  
INFXN: infection  
TA: temp arteritis  
CVT: cerebral venous thrombosis  
Dissxn: carotid/vert artery  
BIT: Benign Intracranial HTN (pseudotumor)  
ACG: Angle Closure Glaucoma



Key References: European Journal of Neurology. 2006, 13:1066-77. European Journal of Neurology. 2006, 13:560-572. Annals of Internal Medicine. 2002, 137(10):840-9. Cephalgia. 2004, 24(suppl1):9.