Migraine Headaches

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

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

Tx: 1. NSAIDs (ibuprofen 200-800 mg or ASA 1000 mg q4h)
2. Triptans (almotriptan+others)
3. Ergotamines
4. Prochlorperazine 5-10mg IM or IV; Metoclopramide 5-10mg IM or IV

Prevention:
1. β-blockers (propanolol 40-240 mg/day, metoprolol 50-200mg/day)
2. Calcium channel blockers (verapamil 240-320mg/day, Flunarizine 5-10mg/day)
3. Anticonvulsants (valproic acid 500-1800mg/day, topiramate 25-100mg/day)
4. TCAs (amitriptyline 50-150mg/day)

Cluster Headaches

Diagnosis

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

Acute Tx:
1. 100% O₂ 7L/min x 15min
2. Sumatriptan 6mg SC
3. Lidoine 1mL 4% intranasal
4. Octreotide 100 mcg SC

Preventative Tx: eye, nose or face) or agitation
1. Prednisone 50mg x 5day, then taper ↓ 10 mg/day [bridging prophylaxis]
2. Verapamil ≥ 240mg/day, do ECG to watch for ↑ PR; takes 2-3 weeks to kick in
3. Alternatives: lithium, methysergide, topiramate, melatonin, ergotamine

Dangerous Headaches: Red Flags

<table>
<thead>
<tr>
<th>Classic Features</th>
<th>SAH</th>
<th>INfxn</th>
<th>TA</th>
<th>CVT</th>
<th>Disxnx</th>
<th>BIT</th>
<th>Mass</th>
<th>ACG</th>
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<tbody>
<tr>
<td>Recent Trauma</td>
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<td>Consider CT</td>
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<td>Sudden Onset</td>
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<td>New (&lt;5 or &gt;50yrs)</td>
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<td>Worst Headache of life</td>
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<td>Progressive over wks-months</td>
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<tr>
<td>↑ pain am/supine/bend over</td>
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<td>Nausea/Vomiting</td>
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<td>Vision changes</td>
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<td>Jaw claudication</td>
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<td>↑ Level of Consciousness</td>
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Eye red, cloudy cornea | X |
Mid fixed dilated pupil | X |
Tender Ø pulse temp artery | X |

CT (if v/v) LP

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↑ ESR & or ↑ CRP

Temporal Artery Bx

Tx: steroids

MRA

Anticoag

LUM CT CT open pressure

↑ focal neuro+

Imaging N = CT H N

TX: Diamox, Lasix