The authors and reviewers have made every attempt to ensure the information in this Family Medicine Clinical Card is correct - it is possible that errors may exist. Accordingly, the source references or other authorities should be consulted to aid in determining the assessment and management plan of patients. The Card is not meant to replace customized patient assessment nor clinical judgment. The Card is meant to highlight key considerations in particular clinical scenarios, largely informed by relevant guidelines in effect at the time of publication. The authors cannot assume any liability for patient outcomes when this card is used.

Canadian Family Medicine Clinical Card

2011 www.cfpc.ca/sharcfm

Creba AS Walker I Keegan DA Headacl

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)

- Triptans (almotriptan+others)

 With CAD/CVD/SSRI; DON'T USE with MAOI

 Frontamines
- 4. Prochlorperazine 5-10mg IM or IV; Metoclopramide 5-10mg IM or IV

Prevention:

- 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 15-180min
- Unilateral (orbital/temporal)
- Frequency: 8x/d to q2d • ≥1 ipsilateral sx (autonomic

Acute Tx:

- 1. 100% O₂ ≥7L/min x 15min
- 2. Sumatriptan 6mg SC
- 3. Lidocaine 1mL 4% intranasal 4. Octreotide 100 mcg SC

Preventative Tx:

- eye, nose or face) or agitation Prednisone 50mg x 5 day, then taper ↓10 mg/day [bridging prophylaxis]
- 2. 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

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		Infxn	TA	CVT		BIT	Mass	
Recent Trauma → consider CT								
Sudden Onset (exertion)	Х				X			Х
New (<5 or >50yrs)	Х		Χ				Х	Х
Worst headache of life	Х	Х			Х			
Progressive over wks-mnths							Х	
↑ pain am/supine/bend over				Х		Х	Х	
Nausea/Vomiting	Х	Х		Х		Х	Х	Х
Vision changes			Х		Х	Χ	Х	Х
Jaw claudication			Χ					
↓ Level of Consciousness		Х		Х			Х	
Fever		Х						
Focal Neuro Findings	Х	Х		Х	Х		Х	
Meningismus	Χ	Х						
Petechial Rash		Х						
Papilledema				Х		Х	Х	
Eye red, cloudy cornea								Х
Mid fixed dilated pupil								Х
Tender,Ø pulse temp artery			Х					
			/	1	7	7	T	
AH: subarachnoid CT (if-ve)→LP								
	New (<5 or >50yrs) Worst headache of life Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting Vision changes Jaw claudication ↓ Level of Consciousness Fever Focal Neuro Findings Meningismus Petechial Rash Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender,Ø pulse temp artery	Recent Trauma → consider CT Sudden Onset (exertion) New (-5 or >50yrs) X Worst headache of life X Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting X Vision changes Jaw claudication ↓ Level of Consciousness Fever Focal Neuro Findings X Meningismus Petechial Rash Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery	Recent Trauma → consider CT Sudden Onset (exertion) New (<5 or >50yrs) X Worst headache of life Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting X Vision changes Jaw claudication ↓ Level of Consciousness Fever X Focal Neuro Findings X Meningismus Petechial Rash Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery	Recent Trauma → consider CT Sudden Onset (exertion) New (<0 or >50yrs) X Worst headache of life X Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting Vision changes Jaw claudication Jevel of Consciousness Fever X Focal Neuro Findings X Meningismus X Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery X Parachonid CT (if-ve)→LP	Recent Trauma → consider CT Sudden Onset (exertion) New (<5 or >50yrs) Worst headache of life Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting Vision changes Jaw claudication Jevel of Consciousness Fever Focal Neuro Findings X Meningismus X Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery X New (<5 or >50yrs) X X X X X X X X X X X X X	Recent Trauma → consider CT Sudden Onset (exertion) New (<5 or >50yrs) Worst headache of life Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting Vision changes Jaw claudication ↓ Level of Consciousness Fever Focal Neuro Findings X X X Meningismus X X Meningismus X X Petechial Rash Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery X X Description SAH INTXN X X X X X X X X X X X X X X	Recent Trauma → consider CT Sudden Onset (exertion) New (<5 or >50yrs) X Worst headache of life X Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting Vision changes Jaw claudication Jevel of Consciousness Fever Focal Neuro Findings X X Meningismus X Meningismus X Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery X DISSXN BII X X X X X X X X X X X X	Recent Trauma → consider CT Sudden Onset (exertion) New (<5 or >50yrs) X Worst headache of life X Progressive over wks-mnths ↑ pain am/supine/bend over Nausea/Vomiting X Vision changes Jaw claudication ↓ Level of Consciousness Fever X Focal Neuro Findings X Meningismus X Papilledema Eye red, cloudy cornea Mid fixed dilated pupil Tender, Ø pulse temp artery Max

hemorrhage INFXN: infection TA: temp arteritis CVT: cerebral venous thrombosis Dissxn: carotid/vert artery BIT: Benign Intracranial HTN (pseudotumor) (+Acyclovir if

ACG:Angle Closure

Glaucoma

CT (r/o SAH)→LP (culture+PCR) Tx (empiric): Ceftriaxone & Vancomycin + Dexamethasone

suspect HSV)

K 个 ESR &/ or ↑ CRP; **Temporal** Artery Bx Tx:

steroids

anticoag Angiography (MR,CT,other)

1. keep supine 2. drops: timolol & acetazolamide

↑LP open pressure 3. analgesia (+Ø focal neuro+ 4. antiemetics Imaging N +CSF N) 5. ophtho consult Tx: Diamox, Lasix in less than 1hr

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. Cephalagia. 2004, 24(suppl1):9.