

Patient Presentation
Headache

GP

Take detailed headache history and exclude serious causes:

- Intermittent or daily/persistent?
- How often and for how long do headaches last?
- Special days, seasons and times of day?
- Triggering and relieving factors?
- Site, nature and severity of pain?
- Nausea, photophobia, phonophobia, osmophobia, diarrhoea?
- Have to keep still or is restless?
- Lifestyle, missing meals, snack food, fizzy caffeinated drinks?
- Medication: including acute and preventor headache medication, all OTC medication. Frequency of analgesic use, use of oral contraceptive pill?

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Serious cause should be excluded

Suggested brief checklist that will highlight worrying signs & symptoms of conditions such as temporal arteritis, subarachnoid haemorrhage, meningitis, cerebral tumour:

- Waking with headache?
- Vomiting?
- Is frequency increasing?
- Was it very sudden onset (i.e. reached maximal intensity within 5 minutes)?
- Is there scalp tenderness?
- New headache in patient aged over 50 years?
- Do Valsalva manoeuvres precipitate headache?
- Past history of cancer?
- Recent change in behaviour/personality?

Worrying Focal Neurological signs:

- Papilloedema?
- Visual field defect?
- Pupil asymmetry?
- Eye movement disorder?
- Gait or speech disturbance?
- Reflex asymmetry?

Suggested brief examination:

- Temporal arteries for tenderness/normal pulsation?
- Fundoscopy?
- Eye movements?
- Temperature?
- Neck stiffness?
- Skin rash?
- Plantar responses?

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Primary headache?

Use findings from patient history and Table 1 to determine headache type and follow appropriate path on following pages for advice on management and referral criteria.

NB. Overuse of headache medication may itself mimic the primary headache it is used for.

Useful Information for Patients

NHS24: 08454 24 24 24
www.nhs.uk
www.doctoronline.nhs.uk
www.patient.co.uk

GP

Secondary headache?

Other secondary cause?
 E.g. sinusitis, temporomandibular joint problem, cervical spondylosis, severe hypertension.

GP

Manage appropriately.

Serious problem considered?

Features of: Subarachnoid haemorrhage, meningitis, signs of raised intracranial pressure.

No ↓

Specialist Clinic

Urgent
 Neurological/Medical referral as per local circumstances.

Yes ↓

Hospital

Urgent same day
 Neurological/Medical referral as per local circumstances.