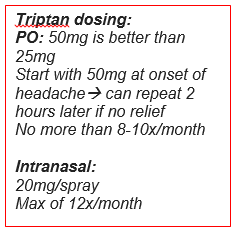
**21. Headaches by Andy Coyle**

**Overview:**

*For PCPs in the outpatient setting, goal is to TRIAGE and treat low-risk headache syndromes*

* OUR TASK:
  + 1) Quickly rule out unusual primary headache syndromes AND concerning secondary headaches
  + 2) Differentiate Tension-Type and Migraine Headaches
* Causes of primary headaches:
  + Most common: tension-type and migraine
  + Cluster headaches
  + Trigeminal neuralgia
  + Hemicrania continua
  + Primary stabling headache
  + Exertional headache
* Causes of secondary headaches—to consider briefly
  + Sinusitis
  + Cerebral Hemorrhage (Subdural, SAH)
  + Temporal Arteritis
  + CNS Malignancy
  + Meningitis
  + Glaucoma
  + Hypertensive Emergency
* Ruling out concerning headaches: RED FLAG SIGNS:
  + New headache in older (age > 50) adults
  + Head trauma
  + Previous headache history but with significant change in frequency/severity
  + Systemic illnesses (immunocompromised, malignancy)
  + Neurologic abnormalities on examination

**Tension-Type vs. Migraine Headache**

* 3 most important features that distinguish migraines from tension-type headaches:
  + 1) Disabling pain (e.g. patient will leave work, stop their activities; may go lie down in dark room) 2) Nausea, and/or 3) Photophobia
* TENSION-TYPE HEADACHES:
  + Generally lack associated symptoms
  + Abortive Treatment:
    - Acetaminophen (1000mg) vs. NSAIDs first-line (ibuprofen 800mg)
    - Excedrin (Acetaminophen + ASA + Caffeine) can be effective as second-line therapy
  + Prophylactic Treatment: TCAs can be effective
* MIGRAINE HEADACHES:
  + Abortive Treatment—*early aggressive treatment!*
    - Triptans for all but the mildest migraines
  + Prophylactic Treatment: Lots of options, need to carefully consider patient characteristics and potential for side effects.
    - Anti-hypertensives such as BBs (especially propranolol)
      * Propanolol IR 40mg BID vs. ER 80mg daily to start, titrate to 160-240mg
    - Anti-depressants such as TCAs or Venlafaxine
      * Amitriptyline at 10mg qhs and titrate to 20-50mg qhs
    - Anti-convulsants such as Topiramate or Valproic Acid
      * Topiramate 25mg daily to start, titrate by 25mg/week to max 100mg BID

**HEADACHES AT IMA**

* For treatment-resistant or unclear headache patterns, can refer to neurology clinic
  + If concerned, can expedite appt using the app!
  + They may refer to their headache-specialty clinic after initial neurology consultation
* Sumatriptan (PO and Intranasal) is covered by all managed Medicaid and Medicare plans in NYS so is generally the go-to Triptan in clinic (no data exists suggesting one triptan is superior to another)
* Propanolol, Amitriptyline, and Topiramate are generally available from all insurance plans, so have lots of options for prophylactic therapies for migraines.
* If you want patients to track their headaches, there are a number of free and easy-to-use migraine logs available as apps🡪 Migraine eDiary from Pfizer