**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