

Headache

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Migraine

- 94% pts seen in primary care settings for HA have migraines
- Familial
- 17 – 18.2% of adult females. Onset puberty
- 6 – 6.5% adult males. Onset 20-30
- Peaks ages 22-55.
- 1/2 migraine sufferers not diagnosed.

Diagnostic criteria for migraine

- At least 5 attacks
- Duration 4-72 hours
- At least two of:
 - Unilateral
 - Pulsating
 - Moderate/severe pain
 - Aggravation by physical activity
- At least one of
 - Nausea/vomiting
 - Phonophobia/photophobia

When migraine is commonly missed:

- Headache, not migraine
- “sinus”
 - frontal pain, nasal stuffiness, normal sinuses
- Neck pain
 - as part of migraine
 - as a migraine trigger
- Hangover
- Menstrual headache

Migraine is genetic, but it can be triggered

- stress
- menstruation
- irregular diet/sleep
- head and neck infection
- head trauma/surgery
- perfumes/strong odors
- light
- caffeine withdrawal
- aged cheese
- dairy
- red wine
- nuts
- Shellfish
- vasodilators

Migraine Treatment

- determine the frequency and duration of attacks
 - abortive vs preventive
- determine associated symptoms
 - nausea, insomnia
- consider triggers
 - stress, depression
- think about the time-linked headaches
 - menstrual, coffee withdrawal

Non-pharmacological

- Exercise
- Stress
- Sleep
- Evidence-based nutraceuticals
 - Riboflavin 400mg
 - Feverfew
 - Butterbur
 - CoQ-10.

Abortive

- NSAIDS
 - Ibuprofen 800mg, naproxen 500mg
- NSAIDs = oral sumatriptan
- Rizatriptan (Maxalt 10mg wafer)
- D2 blockade
 - Nausea
 - Antimigraine
- Combinations superior

Preventive

High dose, long duration

- propranolol 160 mg
- amitriptyline/nortriptyline 100 mg
- valproate 1gm bid
- topiramate 100 mg bid
 - 53% paraesthesia, 9% nausea, 6% dizziness, 6% dyspepsia, 6% fatigue, 6% anorexia, 6% disturbance in attention.
 - Weight loss
- gabapentin 900mg tds
- verapamil 480 mg

Botox for migraine

- 7 randomised, double-blind, and placebo-controlled studies.
 - 5 showed no significant reduction in migraine frequency after 2 months.
 - One showed a significant reduction in pain intensity.
 - One showed a significant reduction in frequency at 4 weeks.
- All 7 open studies on migraine prophylaxis showed positive results
- Patients could not distinguish placebo/botox by the cosmetic effect

Drug-induced headache

- >15 days/month simple analgesics
- >10 days/month triptans or narcotic-based analgesics
- Worse on analgesic withdrawal

Thunderclap headache

- Sudden, severe and distressing
 - SAH
 - Effort headache
 - Sex headache
 - Call-Flemming syndrome

Face pain syndromes

- Trigeminal neuralgia
- Cluster headache
- Indocid-responsive headaches

Trigeminal neuralgia

- Lancing, electric unilateral pain
 - Irritated trigeminal nerve root
- Triggered
 - Touching, talking eating
- Tegretol
 - Other ACs
- Baclofen
- Surgery

Cluster

- 3M: 1F
- 1-8 bouts of pain/day
 - often night or a particular time
 - probably most painful condition known
- 30-180 min
- Restless
- Nausea/photophobia/phonophobia

Cluster

- Sumatriptan
- Oxygen
- Prednisone 60 mg for 14 days
- Verapamil 40 mg bd increasing to 960 mg daily
 - constipation, leg swelling, heart block (20% incidence of ECG abnormalities), gingival hyperplasia.
- Lithium