North West Headache Management Guideline

NICE CG150

Adult with headache

Emergency symptoms?[1] — Yes → Refer to appropriate on-call hospital team

No → Giant cell arteritis?[2] — Yes → Check ESR and CRP; Prednisolone **60mg** od immediately → Consider urgent referral to rheumatology, ophthalmology or neurology as appropriate[2] (Need temporal artery biopsy within 2 weeks of starting prednisolone)

No → 2WW?[3] — Yes → **2WW** referral (use Neurology 2WW form)

No → Red flags?[4] — Yes → **Refer to Headache Service OR Secondary Care**

No → Is it **migraine** or **tension headache**?[5]

- Yes → Prescribe acute treatment (< 10 times/month)[5]
- No → Is it cluster headache?[5]
  - Yes → Try acute treatments[5] → **Refer to Headache Service OR Secondary Care**
  - No → Other secondary causes? e.g. sinusitis, TMJ pain. Check: Hb, Ca^{2+}, TFT, ESR, CRP. Review lifestyle & medications[6]. Treat as necessary → Still troublesome?
    - Yes → **Suspect:-** • Medication overuse headache (MOH)?[5] • Drug induced? → Yes → Stop offending medication (for 2 months if MOH) → Still troublesome?
      - Yes → Is it **migraine** or **tension headache**?[5]
        - Yes → Prescribe acute treatment (< 10 times/month)[5]
        - No → **Refer to Headache Service OR Secondary Care**
      - No → No further treatment
    - No → **Refer to Headache Service OR Secondary Care**

- If relevant, consider stopping combined oral contraceptive. **Note**: combined OCP is contraindicated in migraine with aura
- Ensure not overusing analgesics or triptans[5]
  - Triptan overuse headache usually improves 2 weeks after ceasing triptan, but can take up to 3 months
  - Medication overuse headache improves/resolves within 3 months of analgesic cessation
- Modify lifestyle (adequate sleep, exercise, hydration, cut out caffeine, trigger avoidance, deal with psychosocial factors if possible)

Migraine prophylaxis: If necessary, try the following for **3 months at the highest tolerated target dose** before judging efficacy:-

a) Propranolol MR 80mg od increasing gradually if tolerated to a maximum of 240mg od

b) If propranolol ineffective or contraindicated then topiramate 25mg od increasing by 25mg every fortnight aiming for a target of 50mg bd. **NOTE**: teratogenic and potential interaction with oral contraceptives. Increasing in 15mg increments can enhance tolerability. Often causes paraesthesia (warn patients, not usually a reason to cease) and weight loss. Watch out for worsening depression.

c) Other option [*unlicensed, but standard practice*]: Amitriptyline 10mg at night increasing by 10mg a week up to 100mg at night

Tension Type Headache prophylaxis: Amitriptyline as above. Acupuncture, if available.

Still troublesome?

a) Inadequate response to 3 migraine preventatives at maximally tolerated doses for 3 months each

and/or

b) Thinking about botulinum toxin treatment (see note 6)

and/or

c) Diagnostic doubt

- Yes → **Refer to Headache Service OR Secondary Care**
- No → No further treatment