History for Headache

- Onset
- Location
- Duration of pain
- Attack frequency & timing
- Pain severity
- Nature of pain
- Aggravating or precipitating factors
- Relieving factors
- Drug Hx
- Social Hx
- Family Hx
- Past headache Hx
- Impact of headache

International Classification of Headache Disorders (ICHD) - II

Primary Headaches

- Migraine
- Tension-type headache (TTH)
- Cluster headache and other trigeminal autonomic cephalalgias (TACs)
- Other primary headaches

Cluster headache and other TCAs

- Cluster headache
- Paroxysmal hemicrania
- Short-lasting unilateral neuralgiform headaches with conjunctival injection and tearing (SUNCT)
- Probable TAC
- Refractory TAC

Tension-type headache (TTH) – general diagnostic criteria (IHS. The ICHD. 2nd edition (ICHD-II) Cephalgia 2004)

A. At least 10 attacks for at least 3mo fulfilling B–D

B. Headache attack lasting from 30min–7d

C. Headache has at least two of the following characteristics:

1. Bilateral location
2. Pressing/tightening (non-pulsating quality)
3. Mild or moderate intensity
4. Not aggravated by routine physical activity such as walking or climbing stairs

D. Both of the following:

1. No nausea or vomiting
2. No more than one of photophobia or phonophobia

E. Not attributed to another disorder

Panel 3: Proposal for stricter diagnostic criteria for TTH

B **Headache lasting from 30 min to 7 days**

C **At least three of the following pain characteristics:**

1 Bilateral location

2 Pressing or tightening (non-pulsating) quality

3 Mild or moderate intensity

4 Not aggravated by routine physical activity such as walking or climbing stairs

D **No nausea, vomiting (anorexia can occur), photopobia, or phonophobia**

E **Not attributed to another disorder**

From the 2nd edition of the International Classification of Headache Disorders (ICHD-II) appendix A2.[2]

Treatment of TTH

Aim: prevent TTH from ing CHRONIC

Short-term, abortive treatment of attacks (mainly pharmacological)

NSAIDs (ibuprofen 800mg, naproxen 825mg, aspirin 500mg/1000mg)

COX-2 inhibitor (lumiracoxib)

Paracetamol (500mg/1000mg)

Combination (NSAID, sedative, caffeine, tranquillisers)

Topical Tiger Balm or peppermint oil

Long-term prophylactic treatments

Pharmacological

Non-pharmacological

Long-term prophylactic treatments for TTH: Pharmacological

Antidepressants

- amitriptylline
- maprotiline
- mirtaxapine
- slow release venlafaxine

Relaxant

- Tazanidine + amitriptylline

Anti-epileptic drug

- topiramate

Migraine

- a neurovascular disorder of the brain

- common, chronic, incapacitating

- attacks of

1. severe headache
2. autonomic nervous system dysfunction
3. in some, aura involving neurologic Sx

Migraine

Migraine patients defined as individuals having
- ≥ 2 attacks with aura or
- ≥ 5 attacks without aura

Between age 10 and 19 yrs : sharp but transient rise in one-year prevalence peak around age 14–16 yrs

In women this is followed by a less abrupt second rise until age 40 yr

International Classification of Headache Disorders – II

ICHD-II criteria for migraine without aura. The form is considered probable when episodes fulfil all except one of criteria A-D

Migraine without aura

A. At least five attacks fulfilling B–D
B. Headache attack lasting 4–72h[a]
C. Headache has at least two of the following characteristics:
    1. Unilateral location
    2. Pulsating quality
    3. Moderate or severe intensity
    4. Aggravation by or causing avoidance of routine physical activity such as walking or climbing stairs
D. During headache, at least one of the following:
    1. Nausea and/or vomiting
    2. Photophobia and phonophobia
E. Not attributed to another disorder

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[a]In children younger than 15y, attacks may last 2–48h. ICHD-II,