




Headache

"I have a headache." Headache is the commonest neurological reason for encounter with Australian GPs and presents at a rate of 1.7 per 100 consultations. There are multiple causes, but most headaches are benign and don't need investigation. The difficulty for a GP registrar can be differentiating between a simple cause and something more serious requiring further investigation or immediate action. A thorough history and physical examination, judicious use of investigations, and an understanding of the key features of common and serious headache disorders, is essential for diagnosis.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Common and serious causes of headache in general practice • Common headache classifications – primary/secondary, and thunderclap/acute/subacute/chronic • ‘Orange flag’ symptoms and signs of headache • Approach to a neurological examination for headache • Indications and approach to imaging • Treatment options for common headaches, including non-pharmacological and medication options • Indications for referral • Approach to headaches in children 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read 2013 AAFP article Approach to Acute Headache in Adults • Ask your registrar to select a patient who recently presented with an acute headache to discuss 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Taking a comprehensive history is the most important element of assessment of headache • A headache diary can be very informative • High blood pressure very rarely causes headache • Don't forget headache as a presentation of depression or anxiety • Beware temporal arteritis in the elderly • ‘Combination’ headaches (‘tension-vascular’ headaches) are common • 90% of headaches in general practice are primary (tension, migraine or cluster) • Medication overuse headache is a very common cause of chronic headache • Imaging is not required in the absence of red flags or other features of a sinister cause • The International Headache Society differentiates primary headaches e.g. tension headache, migraine, from secondary headache e.g. infection, space occupying lesion. 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="325 1731 432 1933">Read</td><td data-bbox="432 1731 1497 1933"> <ul style="list-style-type: none"> • Diagnostic Imaging Pathway for Headache • 2014 AFP article - Management of Chronic Headache • International Headache Society Guidelines • 2018 Clinical Medicine article - Assessment of acute headache in adults – what the general physician needs to know </td></tr> <tr> <td data-bbox="325 1933 432 2024">Listen</td><td data-bbox="432 1933 1497 2024"> <ul style="list-style-type: none"> • Broome Docs - Headache Podcasts • NPS MedicineWise podcast Migraine management </td></tr> </table>	Read	<ul style="list-style-type: none"> • Diagnostic Imaging Pathway for Headache • 2014 AFP article - Management of Chronic Headache • International Headache Society Guidelines • 2018 Clinical Medicine article - Assessment of acute headache in adults – what the general physician needs to know 	Listen	<ul style="list-style-type: none"> • Broome Docs - Headache Podcasts • NPS MedicineWise podcast Migraine management
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FOLLOW UP/ EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Registrar to complete the clinical reasoning challenge and discuss with the supervisor 				

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Clinical Reasoning Challenge

Hamish is a 28-year-old university student who presents with a two-week history of headache. He denies any other symptoms and denies any recent head injury. Examination, including a full neurological examination, is normal.

QUESTION 1. What other red flags should be sought to exclude a potentially serious cause? List SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. Hamish admits to finding the university course very stressful. You suspect a tension-type headache. What key features of the nature of the headache would support a diagnosis of tension-type headache? List SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 3. Further assessment supports your diagnosis of a tension headache. What broad management strategies would you implement in managing Hamish's headache? List FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Headache

ANSWERS

QUESTION 1

What other red flags should be sought to exclude a potentially serious cause?

- Anticoagulant medication
- History of cancer or immunodeficiency
- Waking from sleep by headache
- Fever
- Neck stiffness
- Progressive worsening

QUESTION 2

Hamish admits to finding the university course very stressful. You suspect a tension-type headache. What key features of the nature of the headache would support a diagnosis of tension-type headache?

- Headache lasting 30 minutes to seven days
- Bilateral
- Dull (non-pulsating) quality
- Mild to moderate pain intensity
- No relation to physical activity
- No nausea or vomiting

[From the IHS guidelines](#)

QUESTION 3

Further assessment supports your diagnosis of a tension headache. What broad management strategies would you implement in managing Hamish's headache?

- Reassurance and education
- Stress reduction and mindfulness training
- Medications
- Lifestyle factors – reducing alcohol and caffeine, increasing exercise