






Headache

Headache is a common presentation in general practice. There are multiple causes, but most headaches are benign and don't need investigation. The difficulty for a GP registrar is differentiating between a simple cause and something more serious requiring further investigation or immediate action.

<p>TEACHING AND LEARNING AREAS</p> 	<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 • 'Red flag' symptoms and signs of headache • Approach to a neurological examination for headache • Indications for investigation • Treatment options for common headaches, including non-pharmacological and medication options • Indications for referral • Approach to headaches in children 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • NPS Medicinewise - Headaches, how to treat them • Ask your registrar to select a patient who recently presented with headache to discuss 				
<p>TEACHING TIPS AND TRAPS</p> 	<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 • '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 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="325 1626 430 1765">Read</td> <td data-bbox="430 1626 1493 1765"> <ul style="list-style-type: none"> • Diagnostic Imaging Pathway - Neurological pathways for for headache • RACGP AFP - Management of Chronic Headache • International Headache Society - Guidelines </td> </tr> <tr> <td data-bbox="325 1765 430 1827">Listen</td> <td data-bbox="430 1765 1493 1827"> <ul style="list-style-type: none"> • Broome Docs - Headache Podcast </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Diagnostic Imaging Pathway - Neurological pathways for for headache • RACGP AFP - Management of Chronic Headache • International Headache Society - Guidelines 	Listen	<ul style="list-style-type: none"> • Broome Docs - Headache Podcast
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Registrar to complete the clinical reasoning challenge and discuss with the supervisor • Role play challenging scenarios e.g. migraine resistant to standard treatment 				

Headache

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. 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? List SIX.

- 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? List SIX.

- Headache lasting 30 minutes to 7 days
- Bilateral
- Dull (non-pulsating) quality
- Mild to moderate pain intensity
- No relation to physical activity
- No nausea or vomiting

QUESTION 3

What broad management strategies would you implement in managing Hamish's headache? List FOUR.

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