




# 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.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Common and serious causes of headache in general practice</li> <li>• Common headache classifications – primary/secondary, and thunderclap/acute/subacute/chronic</li> <li>• <a href="#">‘Orange flag’</a> symptoms and signs of headache</li> <li>• Approach to a neurological examination for headache</li> <li>• <a href="#">Indications and approach to imaging</a></li> <li>• Treatment options for common headaches, including non-pharmacological and medication options</li> <li>• Indications for referral</li> <li>• <a href="#">Approach to headaches in children</a></li> </ul>				
<b>PRE- SESSION ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Read 2013 AAFP article <a href="#">Approach to Acute Headache in Adults</a></li> <li>• Ask your registrar to select a patient who recently presented with an acute headache to discuss</li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• Taking a comprehensive history is the most important element of assessment of headache</li> <li>• A headache diary can be very informative</li> <li>• High blood pressure very rarely causes headache</li> <li>• Don't forget headache as a presentation of depression or anxiety</li> <li>• <a href="#">Beware temporal arteritis in the elderly</a></li> <li>• ‘Combination’ headaches (‘tension-vascular’ headaches) are common</li> <li>• 90% of headaches in general practice are primary (tension, <a href="#">migraine</a> or <a href="#">cluster</a>)</li> <li>• Medication overuse headache is a very common cause of chronic headache</li> <li>• Imaging is not required in the absence of red flags or other features of a sinister cause</li> <li>• The <a href="#">International Headache Society</a> differentiates primary headaches e.g. tension headache, migraine, from secondary headache e.g. infection, space occupying lesion.</li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tr> <td data-bbox="325 1738 432 1951"><b>Read</b></td><td data-bbox="432 1738 1495 1951"> <ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Imaging Pathway for Headache</a></li> <li>• 2014 AFP article - <a href="#">Management of Chronic Headache</a></li> <li>• <a href="#">International Headache Society Guidelines</a></li> <li>• 2018 <a href="#">Clinical Medicine article - Assessment of acute headache in adults – what the general physician needs to know</a></li> </ul> </td></tr> <tr> <td data-bbox="325 1951 432 2047"><b>Listen</b></td><td data-bbox="432 1951 1495 2047"> <ul style="list-style-type: none"> <li>• Broome Docs - <a href="#">Headache Podcasts</a></li> <li>• <a href="#">NPS MedicineWise podcast Migraine management</a></li> </ul> </td></tr> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Imaging Pathway for Headache</a></li> <li>• 2014 AFP article - <a href="#">Management of Chronic Headache</a></li> <li>• <a href="#">International Headache Society Guidelines</a></li> <li>• 2018 <a href="#">Clinical Medicine article - Assessment of acute headache in adults – what the general physician needs to know</a></li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• Broome Docs - <a href="#">Headache Podcasts</a></li> <li>• <a href="#">NPS MedicineWise podcast Migraine management</a></li> </ul>
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<b>FOLLOW UP/ EXTENSION ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Registrar to complete the clinical reasoning challenge and discuss with the supervisor</li> </ul>				

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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