

Diagnosing and Treating Headache

Headache, like dizziness, is one of the more common presenting complaints in outpatient care and in the emergency room. The updated headache classification of the International Headache Society (IHS) lists more than 200 different varieties of headache that can be differentiated from each other on the basis of the history and physical examination alone. The impression arises that the diagnosis and treatment of these syndromes is a highly challenging task.

Headaches are divided into primary and secondary types

- Primary headache: the headache is not a symptom but a disease in its own right. Over 90 percent of headaches are primary headaches. There are four types of primary headache: migraine, tension headache, trigeminal autonomic cephalalgia, and other primary headache disorders. They can begin in the head's blood vessels and nerves, or in the neck and face muscles (triggers can include stress, diet, alcohol, changes in sleep habits, dehydration, etc.) By definition, the physical examination is normal, including the neurological examination.
- Secondary headache: the headache is a symptom of another disease (causes can range from medication overuse, or caffeine withdrawal to something more serious like an infection, blood clot, a brain tumor or cerebral hemorrhage etc.).

Warning symptoms

Any headache that does not fit into any of the four primary headache types is a secondary and therefore potentially dangerous headache. There are a few prominent warning symptoms of secondary headaches that should prompt rapid referral to a neurologist and/or further laboratory tests or imaging studies:

- the initial manifestation of headache of an atypical kind
- an atypical clinical course
- increasing severity of pain, or changing character of pain, in a patient with a known headache syndrome
- the simultaneous appearance of other neurological symptoms or deficits than aura in migraine

Treatment

Most headaches, while uncomfortable, are generally not a cause for concern, and can be effectively treated. The treatment is thus a rewarding activity for physicians of all specialties.

Summary: Triptans and nonsteroidal anti-inflammatory drugs (NSAID) are the drugs usually given for the acute treatment and prophylaxis of migraine. In tension headache, NSAID are given acutely, and tricyclic drugs for prophylaxis. There are various options for the treatment of trigeminal autonomic cephalalgia syndromes such as cluster headache and paroxysmal hemicrania. For group 4 headaches (other primary headache disorders), the treatment must be chosen on an individual basis; indomethacin is often effective.