Headache-26-4-97

IHS Classification

- **Primary** headache

- Symptom based

- Secondary headache

Etiology based

- Key to diagnosis is the "HISTORY"

Secodery headache

1. Progressive course
2. Symptoms persist
3. Pain selected to anatomical lesions
4. Physical examination usually abnormal

Secodery

Hypertension

,Stroke ICH ,SAH

Drug-related, e.g. nifedipine, medication overuse

CVST ,Postdural tap

, SINUSITIS ,Meningitis

Caffeine withdrawal ,Anaemia

Idiopathic intracranial hypertension

AVM (can enlarge/bleed in pregnancy)

Enlargement of a pituitary tumour

Enlargement of a hormone-sensitive tumour, e.g. meningioma

Bleeding into a pre-existing tumour

Cervicogenic headache

Cerebral metastasis of choriocarcinoma

Primary

1.Migraine

2.Tension type

3.Cluster & other trigeminal autonomic cephalalgias

4.Other primary headaches

- Cough
- Exertional
- Headache associated with sexual activity
- Hypnic
- Primary thunderclap
- Hemicranial continua
- New daily-persistent headache

Mechanisms of cranial pain:

Intracranial mass lesion
ICP , dilatation of intra Extra cranial a.s
Traction , displacement of vessels durra
Following seizure
Pulsation , febrile H/A
High BP
Cough & Exert ional H/A , distention of intra cranial vessels
Obstruction of an artery
Inf . or blockage of PNS
With ocular origin following prolonged use of eyes
IOP (Acute glaucoma)
Lig. muscles , joints inflammation of spine
LP H/A (IC. Hypotension), inflammation of meningeal vessels
Malig. infiltration.

Peak & Duration H/A

Mig : peaks within 1-2 hr , Lasts 6-36 hr

Cluster : paeks immediately Lasts 45-120 min

many year's duration (Benign origin)

Begin in childhood , early adulthood (mig)

New H/A in olderly : intracranial lesion.

SDH , Giant cell

Tension H/A : over hours , last days to years

New sudden sever H/A : SAH , C.V.S.T, pituitary apoplexy

Time & occurrence

Cluster often awaken , occur at the same time

Hypnic H/A : elderly , regularly awaken not associated with autonomic phenomena.

Mig : at any time , usually in the morning

Tension H/A : present during much of the day and often more sever late in the day

Quality and severity

Ask the pt. to grade the severity of pain on a scale of 1to 10

Migrain :Pulsating quality

Cluster H/A is sever , boring , steady

Tension H/A : as a feeling of fullness , tightness or pressure like a band.

Meningeal irritation (inf , hemorrhage) are sever.

Trigeminal N, is sever (electric shock)

tension , tumor :dull

- To awaken from sleep
- In capacitated

Precipitating factors

cluster : alcohol

if bending , lifting conghing or valsalva's produce H/A : intracranial lesion.

Upright position : CSF leak

During sexual activity : Benign origin-SAH

Facial or intraoral stimuli : trig . Neuralgia

Chewing , swallowing , talking : Glosso pharyngeal N.

By torsion of the neck suggests a musculoskeletal component

Tension: stress,mental tension,smoking,alcohol,

Mensturation,sexual Act,weather changes

What triggers a mig

Emotional stress : anxiety , worry , excitement fatigue.

Certain foods: cheese , alcohol, food additives (Nitrates , monosodium glutamate)

Caffeine : Excessive consumption or withdrawal

Changing weather conditions

Menstrual periods

Excessive fatigue

Skipping meals, changes in normal sleep pattern (longer or less than NL), Bright light

Accompanying symptoms

Symptoms of B.stem (Basilar mig)

N/v , phonophobia , photophobia (mig)

Migraine :cranial autonomic symptoms cutaneous allodynia

In addition , lacrimation , rhinorrhea and nasal congestion accompany mig,and should not be confused with a H/A of sinus origin.

Horner's syn , lacrimation , conjuctival injection and nasal stiffiness accompany cluster also sweating and facial swelling.

Horner" syn also a feature of C.A. dissection

Mitigating Factors

Rest , sleep , avoidance of light & noise provide relief to the migraineur

Massage of heat (tension H/A)

Pressure over the affected eye or temp. a. , local heat or cold or intense physical activity may alleviate the pain of cluster

Recumbency (I.C. Hypotension)

Headaches

Sinus:	**Cluster:**	**Tension:**	**Migraine:**
pain is behind browbone and/or cheekbones	pain is in and around one eye	pain is like a band squeezing the head	pain, nausea and visual changes are typical of classic form
			

Examination

P/E often shows no abNL.

N/E including mental status , gait , cranial N. , motor , sensory

Findings : optic Atrophy , papilledema , focal abnlity

Retinal H. , Bruit , stiff neck, thickened tender , irregular temp a. ,3rd N. palsy , dilated pupil , Tenderness over inflamed sinuses, vital signs (Bp, pulse).

Red flag features for potential secondary headache1

Thunderclap: rapid time to peak headache intensity (seconds to 5 minutes), e.g. with a SAH

Focal neurological symptoms (e.g. limb weakness, aura <5 minutes or >1 hour)

Non-focal neurological symptoms (cognitive disturbance)-CVST(pregnancy ,potpartum 4wk)

, Change in headache frequency, Papilledema , Red eye

Abnormal neurological examination

Headache that changes with posture – a sign of high or low

CSF pressure,

substance abuse ,associated with seizure

2

Headache awakening the patient – associated with migraine and raised ICP.

Headache precipitated by physical exertion or Valsalva manoeuvre – consider SAH or raised ICP.

Hypothyroidism,cranial n palsy ,HT, intrathecal inj ,↓wt , VFD,

Jaw claudication or visual disturbance – associated with giant cell arteritis (women over 50 years)

Hypoxia ,Hypercapnia,immunodeficiency, Fever – consider meningitis

Neck stiffness – indicative of meningeal irritation

New onset of headache in a patient with a history of HIV infection

New-onset headache in a patient with a history of cancer

Diagnostic criteria of Migrain

A. At least five attacks[1] fulfilling criteria B–D
B. Headache attacks lasting 4–72 hours (when untreated or unsuccessfully treated)[2,3]
C. Headache has at least two of the following four characteristics:
1. unilateral location
2. pulsating quality
3. moderate or severe pain intensity
4. aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs)
D. During headache at least one of the following:
1. nausea and/or vomiting
2. photophobia and phonophobia
E. Not better accounted for by another ICHD-3 diagnosis.

Prodromal symptoms

may begin hours or a day or
two before a migraine attack without aura:
fatigue, neck stiffness,
difficulty in concentrating,
sensitivity to light and/or sound
nausea, blurred vision, yawning and pallor.

Diagnostic criteria of Migrain with aura

A. At least two attacks fulfilling criteria B and C
B. One or more of the following fully reversible aura symptoms:
1. Visual 2. sensory 3. speech and/or language
4. Motor 5. brainstem 6. retinal
C. At least three of the following six characteristics:
1. at least one aura symptom spreads gradually over 5 minutes
2. two or more aura symptoms occur in succession
3. each individual aura symptom lasts 5–60 minutes[1]
4. at least one aura symptom is unilateral[2]
5. at least one aura symptom is positive[3]
6. the aura is accompanied, or followed within 60 minutes, by headache
D. Not better accounted for by another ICHD-3 diagnosis.

Diagnostic criteria of Tension Headache

A. At least 10 episodes of headache occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B–D
B. Lasting from 30 minutes to seven days
C. At least two of the following four 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. Both of the following:
1. no nausea or vomiting
2. no more than one of photophobia or phonophobia
E. Not better accounted for by another ICHD-3 diagnosis

Diagnostic criteria of Cluster Headache

A. At least five attacks fulfilling criteria B–D

B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15–180 minutes (when untreated)[1]

C. Either or both of the following:

1. at least one of the following symptoms or signs, ipsilateral to the headache:

a) conjunctival injection and/or lacrimation

b) nasal congestion and/or rhinorrhoea

c) eyelid oedema

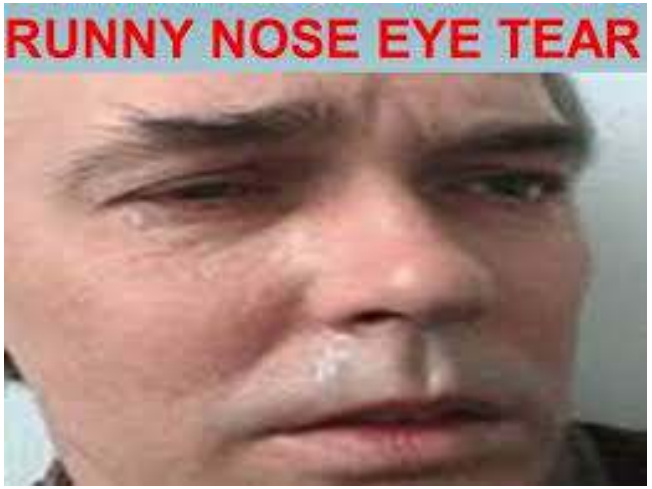
d) forehead and facial sweating

e) miosis and/or ptosis

2. a sense of restlessness or agitation

D. Occurring with a frequency between one every other day and eight per day[2]

E. Not better accounted for by another ICHD-3 diagnosis.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