



Diagnosis and management of headaches

Background

In September 2012, the National Institute for Health and Clinical Excellence (NICE) published its first clinical guideline on the diagnosis and management of headache in adults and young people. This is NICE's 150th clinical guideline for NHS settings across England and Wales.

The guideline has been based on the best available evidence and expert opinion. It constitutes best practice for the NHS and so it will ensure that those aged 12 years and above receive the best possible care for the condition.

Nurses can play a key role in assessing people who have been experiencing headaches, identifying common features which indicate the type of headache, and in advising on treatments and management options.

The guideline has not been detailed in full in this bulletin. To read NICE's recommendations in their entirety, please visit: www.nice.org.uk/CG150.

OVERVIEW OF HEADACHE TYPES

Headaches are one of the most common neurological problems presented in the NHS; more than 10 million people in the UK experience regular or frequent headaches and they account for around one in 25 of all consultations in general practice. They are painful and debilitating and are a cause of absence from work or school.

The NICE guideline advises on the diagnosis and management of the most common headache types seen by healthcare professionals. Headaches are classified as primary and secondary. Primary headaches are those that are not caused by an underlying health problem. The main ones that patients seek treatment for are:

1. Tension type headache (i.e. "normal" or "every day" headaches) – the most common type
2. Migraine – these occur in 15% of the adult population in the UK
3. Cluster headache – the rarest of the three, but one in 1,000 people are still believed to experience these at some point in their lives.

The aetiology of primary headache is not well understood and so they are classified according to their clinical pattern. NICE has summarised the common features for the

headache types in Table 1.

Secondary headaches are those caused by other underlying disorders such as infection, raised intracranial pressure and medication overuse. Medication overuse is the only type of secondary headache that is covered in the NICE guideline – it has been estimated that up to 1-2% of the population (around one in 50 people) experience headache caused by this. They occur when people take painkillers or triptan drugs too often for tension-type headaches or migraine attacks – doing this for prolonged periods can reduce their effectiveness and cause further pain.

THE NEED FOR THE NICE CLINICAL GUIDELINE

This is the first time that NICE has published a clinical guideline on the diagnosis and management of the most common headaches. Many people with headache do not have an accurate diagnosis of their headache type. Healthcare professionals can find the diagnosis difficult and key symptoms can be overlooked. Furthermore, both people with headache and their healthcare professionals can be concerned about possible underlying causes. These can lead to unnecessary referrals and investigations, which can have cost implications for the NHS and cause people to experience delays in receiving adequate pain relief from what can be a disabling condition.

The guideline outlines the assessments and treatments that people should expect to receive for the most common primary headaches and medication overuse. Improved recognition of headache will help

generalist healthcare professionals to manage headaches more effectively, allow better targeting of treatment and potentially improve quality of life.

KEY RECOMMENDATIONS FOR NURSES

Diagnosis

Obtaining the right diagnosis is a crucial first step as it affects treatment options. Table 1 can be used to support healthcare professionals in diagnosis.

NICE advises healthcare professionals to encourage their patients to use a headache diary to aid the diagnosis of primary headaches. In these, patients should record the following for a minimum of eight weeks:

- Frequency, duration and severity of headaches.
- Any associated symptoms.
- All prescribed and over the counter medications taken to relieve headaches.
- Possible precipitants.
- Relationship of headaches to menstruation.

In addition to this, headache diaries can be used to monitor the effectiveness of headache interventions and as a basis for discussion about the impact that their headache disorder is having on their life.



Management

Once any underlying pathology has been excluded and diagnosis has been made, input from nurses can be extremely beneficial. NICE advises that healthcare professionals should include the following in discussions with their patients:

- the options for management; and
- recognition that headache is a valid medical disorder that can have a significant impact on the person and their family or carers.

Patients should be given written and oral information about headache disorders, including information about support organisations. NICE has published a document for young people (aged 12 and above) and adults who experience headaches, which contains this information. It outlines the assessment and management options that patients should expect to receive from the NHS, as well as questions they may wish to ask their healthcare professionals. The document is freely available on NICE's website.

Medication overuse headache

An often overlooked type of headache, which NICE highlights in its clinical guideline, is the occurrence of medication overuse.

While common over-the-counter treatments are effective for easing the pain of occasional headaches, if these are taken too frequently and without medical advice, it can reduce their effectiveness and cause further pain.

NICE advises that healthcare professionals should be alert to the possibility of

medication overuse headache in people whose headache developed or worsened while they were taking the following drugs for three months or more:

- triptans, opioids, ergots or combination analgesic medications on 10 days per month or more or
- paracetamol, aspirin or an NSAID, either alone or in any combination, on 15 days per month or more.

The best treatment for medication overuse headache is the withdrawal of the overused medication. Healthcare professionals should advise people to stop taking all overused acute headache medications for at least one month and to stop abruptly rather than gradually.

Headache symptoms are likely to get worse in the short term before they improve and there may be associated withdrawal symptoms; therefore, patients should be provided with close follow-up and support according to their needs.

Healthcare professionals should review the diagnosis of medication overuse headache and further management four to eight weeks after the withdrawal of overused medication has started.

SUPPORT TOOLS

NICE has published a range of support tools to help healthcare professionals use the clinical guideline. These include:

- Baseline assessment tool – this product helps organisations to identify whether their practices are in line with the NICE guideline and if not, how they can plan their activity to meet the recommendations.
- Clinical case scenarios – these

TABLE 1. DIAGNOSIS OF TENSION-TYPE HEADACHE, MIGRAINE AND CLUSTER HEADACHE

Headache feature	Tension-type headache	Migraine (with or without aura)	Cluster headache
Pain location ¹	Bilateral	Unilateral or bilateral	Unilateral (around the eye, above the eye and along the side of the head/face)
Pain quality	Pressing/tightening (non-pulsating)	Pulsating (throbbing or banging in young people aged 12–17 years)	Variable (can be sharp, boring, burning, throbbing or tightening)
Pain intensity	Mild or moderate	Moderate or severe	Severe or very severe
Effect on activities	Not aggravated by routine activities of daily living	Aggravated by, or causes avoidance of, routine activities of daily living	Restlessness or agitation
Other symptoms	None	Unusual sensitivity to light and/or sound or nausea and/or vomiting. Aura: symptoms can occur with or without headache and; are fully reversible, develop over at least 5 minutes, last 5 to 60 minutes. Typical aura symptoms include visual symptoms such as flickering lights, spots or lines and/or partial loss of vision; sensory symptoms such as numbness and/or pins and needles; and/or speech disturbance.	On the same side as the headache: Red and/or watery eye Nasal congestion and/or runny nose Swollen eyelid Forehead and facial sweating Constricted pupil and/or drooping eyelid
Duration of headache		4–72 hours in adults, 1–72 hours in young people aged 12–17 years	15–180 minutes

educational resources are designed to assess and improve a healthcare professional's knowledge about how headaches should be managed. They are particularly applicable to patients presenting to practice nurses and GPs.

- Diagnosis poster – a printable poster, which summarises the most common headache features to support accurate diagnoses in primary care. It has been adapted from the table in section 1.2 of the NICE clinical guideline.

CONCLUSION

The NICE clinical guideline offers practical evidence-based advice nurses and other healthcare professionals on how to diagnosis and manage headaches.

Implementation of the guideline will improve the assessment and management of headaches and enable patients to obtain appropriate treatment sooner.

To download a copy of the NICE clinical guideline or to access support tools or for patient information, please visit: www.nice.org.uk/CG150

Frequency of headache

< 15 days per month	≥ 15 days per month for more than 3 months	< 15 days per month	≥ 15 days per month for more than 3 months	1 every other day to 8 per day ³ with remission ⁴ >1 month	1 every other day to 8 per day ³ with a continuous remission ⁴ <1 month in a 12-month period
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Diagnosis

Episodic tension-type headache	Chronic tension-type headache ²	Episodic migraine (with or without aura)	Chronic migraine (with or without aura)	Episodic cluster headache	Chronic cluster headache
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1. Headache pain can be felt in the head, face or neck.
2. Chronic migraine and chronic tension-type headache commonly overlap. If there are any features of migraine, diagnose chronic migraine.
3. Frequency of recurrent headaches during a cluster headache bout.
4. The pain-free period between cluster headache bouts.

Source: Adapted from 'Headaches' (NICE clinical guideline 150), available from www.nice.org.uk/CG150

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