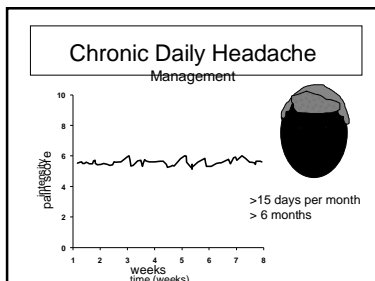
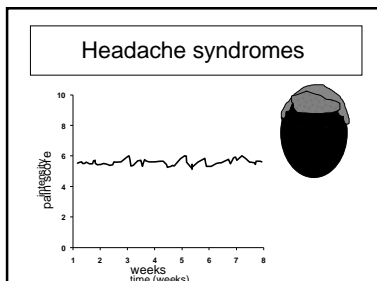
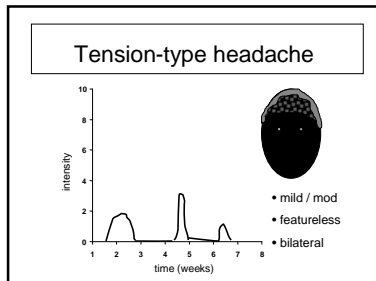
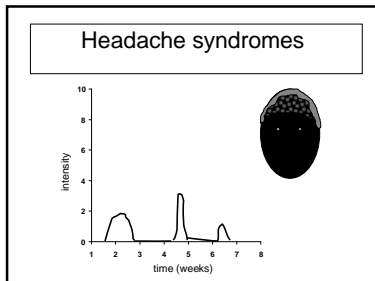
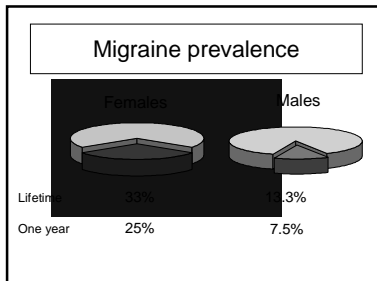
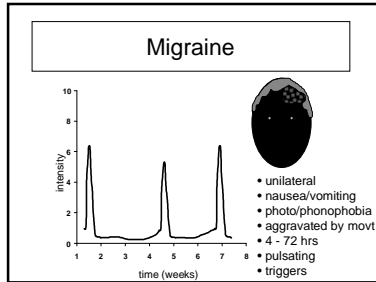
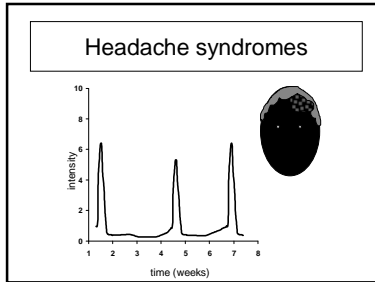


**Primary  
versus  
Secondary headaches**

Dr Nicola Giffin  
Consultant Neurologist  
RUH



- Chronic Daily Headache differential diagnosis**
- Chronic migraine (1.3-2.4%)
  - Chronic TTH  
  +/- medication-overuse 50%
  - Rarities eg hemicrania continua
  - Secondary headache

### Chronic Daily Headache

#### History

- Symptoms with worst headache  
nausea, photo-, phonophobia
- Onset  
previous headaches  
sudden v. progressive

### Medication-overuse headache

#### Management

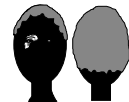
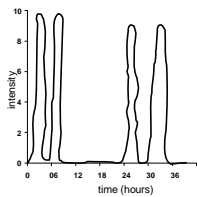
- Commonest form of CDH (= 75%)
- Originates from  
migraine  
tension-type HA
- Only in headache patients

### Medication-overuse headache

- Paracetamol
- Codeine
- Triptans
- Ergots

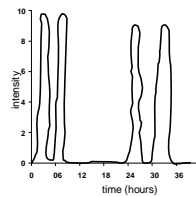


### Headache syndromes



- unilateral
- retroorbital
- severe
- autonomic features
- agitated

### Cluster headache



- unilateral
- retroorbital
- severe
- autonomic features
- agitated

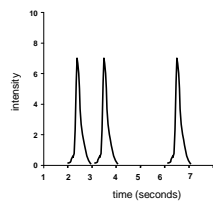
### Cluster headache

#### Delayed diagnosis

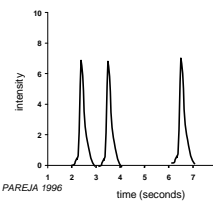
- 1 week to 48 yrs (median 3 yrs)
- Before diagnosis
  - 34% had consulted a dentist
  - 33% an ENT specialist



### Headache syndromes

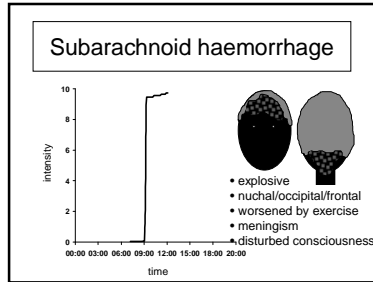
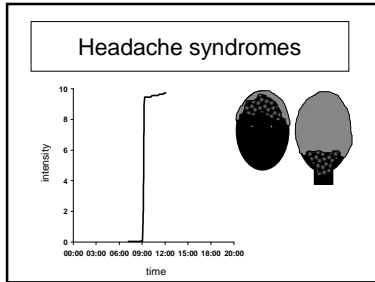


### Idiopathic stabbing headache



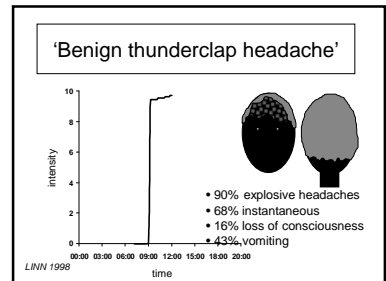
- ice pick headache
- common with  
I<sup>o</sup> headaches
- 'jabs and jolts'
- ipsilateral to usual  
headache
- R<sub>x</sub> indomethacin

Now the serious ones...

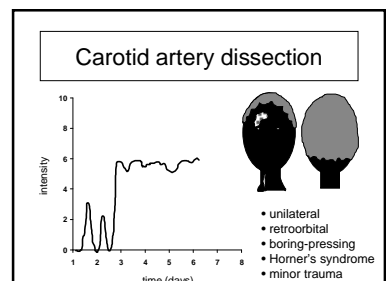
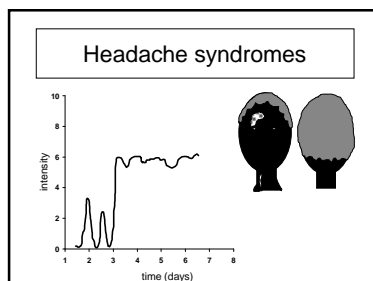


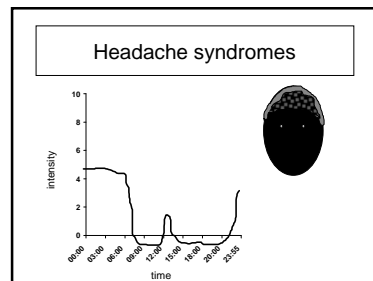
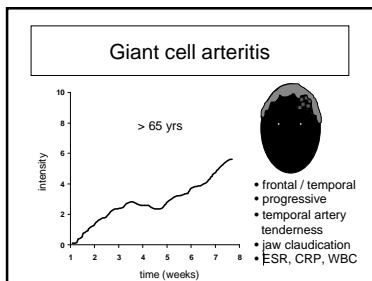
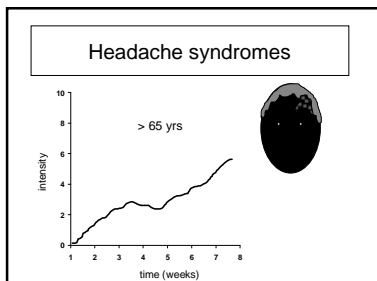
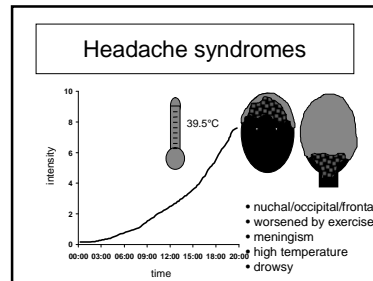
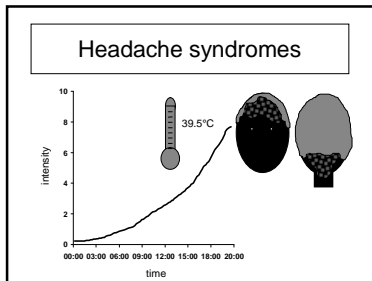
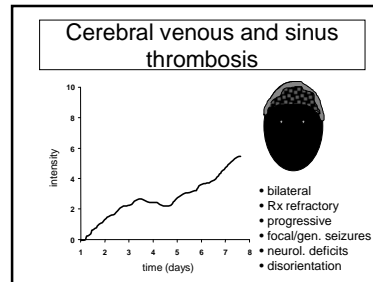
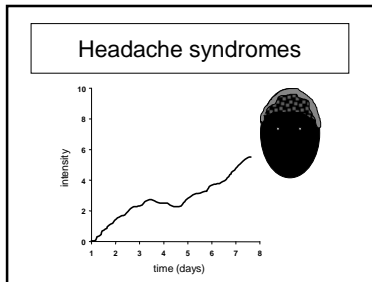
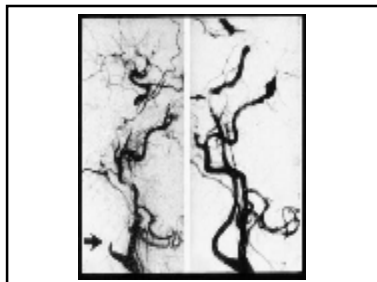
- ### Misdiagnosis of SAH
- 25-50% incorrect diagnosis
  - worse outcome
  - investigate all sudden/worst ever headaches
  - benign thunderclap headache?

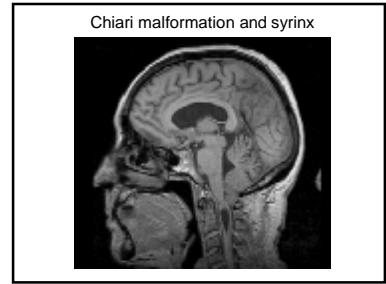
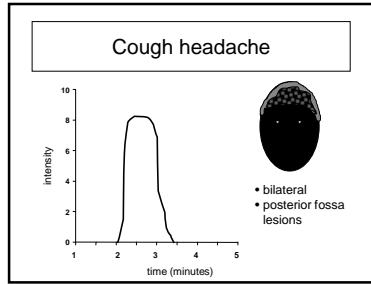
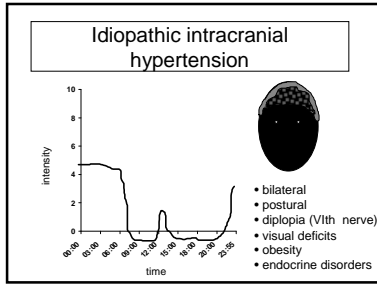
- ### Spectrum of presentation
- warning headaches - weeks to days before
  - minor bleeds
  - slower onset
  - neck pain, sciatica
  - abnormal ECG
  - unruptured aneurysms



- ### Coital Cephalgia
- exclude SAH
  - recurrent pattern
- Rx: propranolol, indomethacin







### Summary....

- 'It's all in the history'
- BUT further lx if
  - sudden onset
  - progressive
  - atypical features
    - symptoms: postural
    - valsalva
  - signs