South West London Primary Care Adult Headache Referral and Management Guidance

Headache

"Amber and Red Flags": see pages 2 and 3 for advice on screening for potential secondary causes of headache

Tension Type Headache

<8 days/month

Simple analgesia

Warn about medication overuse

>8days/month

Consider Amitriptyline

Reconsider diagnosis,

? migraine

Cluster Headache

(new diagnosis or relapse)

Acute Neurology Clinic / Headache Clinic for urgent review

For all Headache types **History, examination and consider optician review for Fundoscopy**

Analgesic Overuse?

> 15 days/m NSAID / paracetamol

> 10 days/m opiates / triptans

Supported withdrawal of analgesia. Identify and treat underlying syndrome

After first Primary Care review if diagnosis is not clear give headache diary and review patient at later date. **

If still unclear after review consider electronic advice discussion if specific query *or* referral to Headache Clinic

Migraine

For **all** patients offer Lifestyle advice, trigger factors, review if on COC, headache diary, warn about medication overuse

Low Frequency

< 4 days/month

1st line: Simple Analgesia +anti-emetic

2nd line: Triptans + analgesia

See SWL acute migraine guideline

High Frequency

> 4 days/month

Offer acute Rx as per SWL acute migraine guideline

Prophylactic Rx*

- **Amitriptyline**
- **Candesartan**
- **Propranolol**
- Topiramate

Failure to respond to 2-3 prophylactics at **adequate doses** (max tolerated) for at least 3 months→

Refer to headache clinic

Chronic Migraine

> 15 days/month any headache (migrainous or not)

Exclude medication overuse

Start Prophylactic Rx*

Failure to respond to 2-3 prophylactics at **adequate doses** (max tolerated) for at least 3 months →

Refer to headache clinic

***Preventive treatments for migraine – refer to 'Headache Referral and Management Guideline' for more detailed information**

- **Amitriptyline (Green)**
  - Start: 10mg ON
  - Target: 50mg ON
  - Max: 100mg daily
- **Candesartan (Green)**
  - Start 4mg ON
  - Usual target: 16mg ON
  - Max: 32mg ON (exceptional cases)
- **Propranolol (Green)**
  - Start 40mg ON
  - Target: 80mg BD
  - Max: 120mg BD
- **Topiramate (Variable RAG rating)** – refer to 'Headache Referral and Management Guideline'

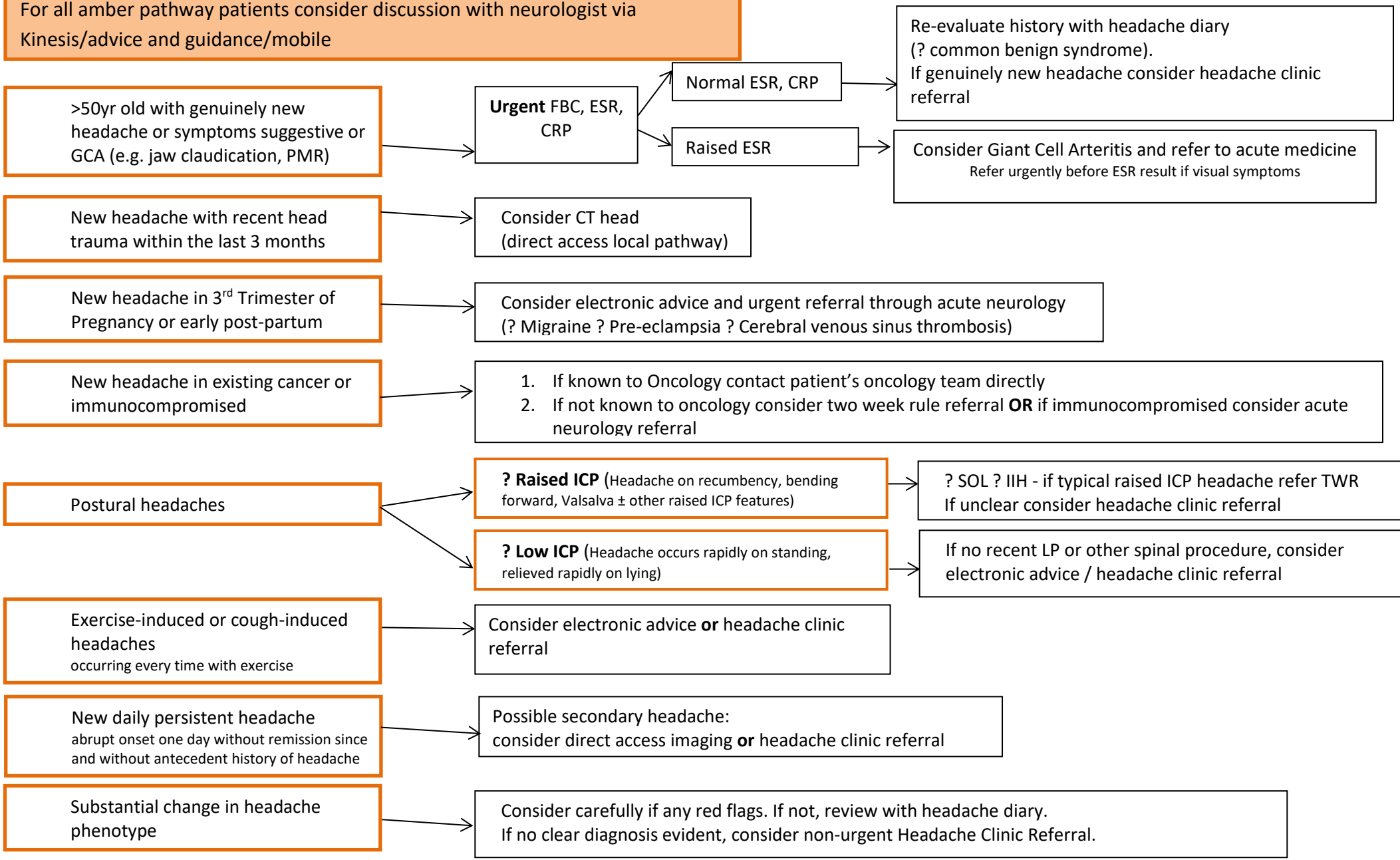
**Less common benign diagnoses to consider:

- Cervicogenic headache (overdiagnosed)
- Primary stabbing headache
- Trigeminal neuralgia
- Primary sex headache
- TACs: Hemicrania Continua, Paroxysmal Hemicrania, SUNCT

South West London Primary Care Adult Headache Referral and Management Guidance

HEADACHE AMBER FLAGS – pause and consider secondary causes.

For all amber pathway patients consider discussion with neurologist via Kinesis/advice and guidance/mobile



South West London Primary Care Adult Headache Referral and Management Guidance

HEADACHE RED FLAGS - URGENT

New Headache AND

- **Subacute Progressive Focal Neurology**
- **Seizures**
- **Personality or Cognitive change not suggestive of Dementia, with no Psychiatric history**, *and* **confirmed by witness**

→ **Two Week Rule Referral**

If high level of concern discuss with acute neurology service

Thunderclap Headaches (<5 minutes to maximum severity)

Acute headache with loss or alteration of consciousness

Headache with raised ICP features + vomiting, drowsiness ± swollen optic discs or visual loss

Headache with Systemic symptoms, e.g.
- Malignant hypertension
- Meningism

? Giant Cell Arteritis + visual symptoms (+/- ↑ ESR)

→ **Emergency referral**

Red Eye + Headache (especially elderly)*

→ **Emergency Eye Clinic referral**

*Consider **Angle Closure Glaucoma** (ΔΔ Cluster Headache or related disorder)

Document History

Version: V 6.1

Author: SWL Neurology Network

Approved by: Integrated medicines optimisation committee (IMOC)

Approval date: 29/01/2025

Review Date: January 2027 or sooner where appropriate.