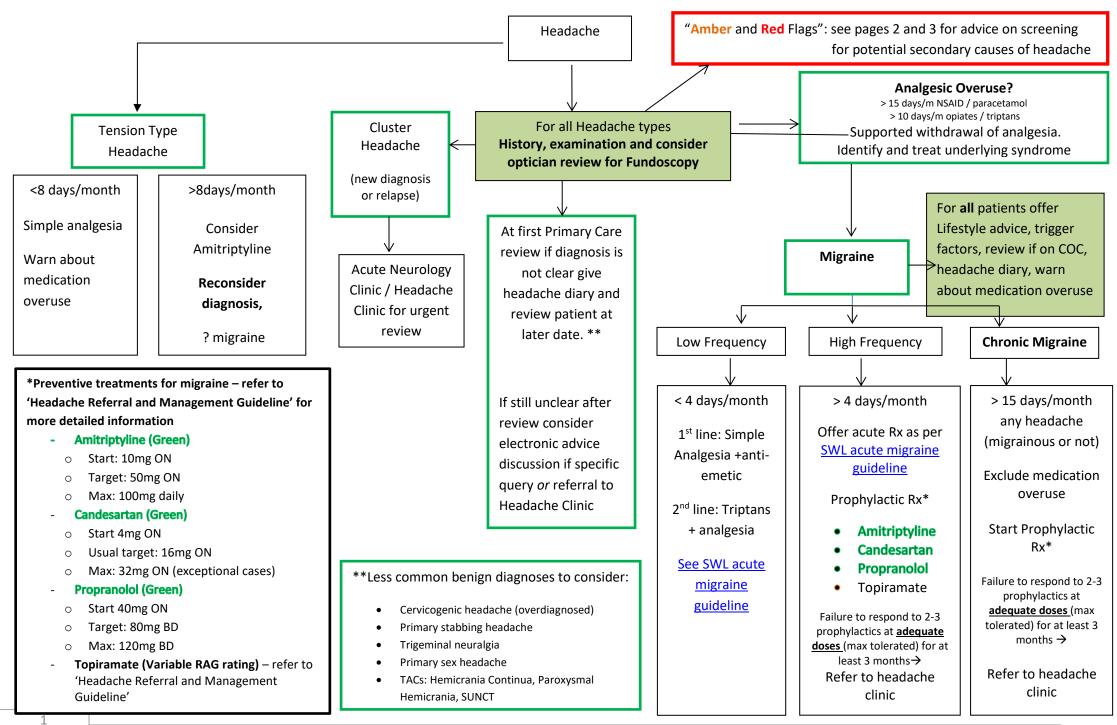
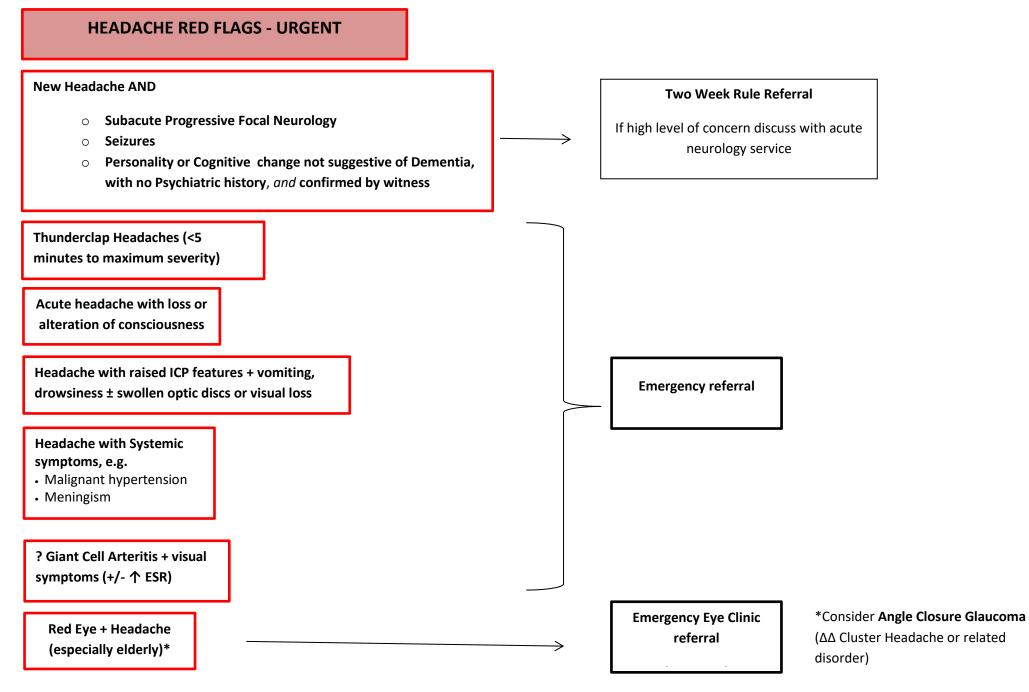
## South West London Primary Care Adult Headache Referral and Management Guidance



#### HEADACHE AMBER FLAGS – pause and consider secondary causes. For all amber pathway patients consider discussion with neurologist via Re-evaluate history with headache diary Kinesis/advice and guidance/mobile (? common benign syndrome). If genuinely new headache consider headache clinic Normal ESR, CRP referral Urgent FBC, ESR, >50yr old with genuinely new headache or symptoms suggestive or CRP **Raised ESR** Consider Giant Cell Arteritis and refer to acute medicine GCA (e.g. jaw claudication, PMR) Refer urgently before ESR result if visual symptoms Consider CT head New headache with recent head trauma within the last 3 months (direct access local pathway) New headache in 3<sup>rd</sup> Trimester of Consider electronic advice and urgent referral through acute neurology Pregnancy or early post-partum (? Migraine ? Pre-eclampsia ? Cerebral venous sinus thrombosis) 1. If known to Oncology contact patient's oncology team directly New headache in existing cancer or 2. If not known to oncology consider two week rule referral **OR** if immunocompromised consider acute immunocompromised neurology referral ? Raised ICP (Headache on recumbency, bending ? SOL ? IIH - if typical raised ICP headache refer TWR forward, Valsalva ± other raised ICP features) Postural headaches If unclear consider headache clinic referral If no recent LP or other spinal procedure, consider ? Low ICP (Headache occurs rapidly on standing, electronic advice / headache clinic referral relieved rapidly on lying) Exercise-induced or cough-induced Consider electronic advice **or** headache clinic headaches referral occurring every time with exercise Possible secondary headache: New daily persistent headache abrupt onset one day without remission since consider direct access imaging or headache clinic referral and without antecedent history of headache Substantial change in headache Consider carefully if any red flags. If not, review with headache diary. phenotype If no clear diagnosis evident, consider non-urgent Headache Clinic Referral.

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3

# **Document History**

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Author: SWL Neurology Network

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