

Algorithm: Headache

Signs of elevated ICP or intracranial lesion?
(acute new severe headaches that are progressing and not improving, altered mental status, new neurological abnormality, papilledema)

Yes →

Consider neuroimaging and/or calling the Provider-to-Provider Line for the neurologist on call (206-987-7777). *If fundoscopic exam is unclear, consider ophthalmological evaluation.*

No ↓

Signs or symptoms of secondary headache?
(e.g., dental disease, risk of bleeding or clotting, immunosuppression, acute illness, sinusitis, thyroid disease, autoimmune disorder, anemia, iron deficiency, sleep disorder, other systemic disease)

Yes →

Work-up and treatment as appropriate. May include neuroimaging or labs, and consider calling the Provider-to-Provider Line for the neurologist on call (206-987-7777) if there are questions.

No ↓

Primary headache disorder? Migraine or tension-type headache?
<https://ichd-3.org/1-migraine/> and <https://ichd-3.org/2-tension-type-headache/>

No →

Diagnosis, work-up and treatment as appropriate. Consider referral to Neurology for patients with hemiplegic migraine, unusual or intractable headache conditions.

Yes ↓

<u>Address Lifestyle Factors</u>	<u>Provide Acute Treatment</u>
<ul style="list-style-type: none"> • Appropriate sleep for age • Regular appropriate meals • Adequate hydration (e.g., trial of 60-80 oz/d for teens) • Appropriate exercise • Address “stress,” anxiety and/or depression • Missing meals or sleep, not drinking adequate fluids, and stress or mental health issues can all trigger or exacerbate headaches 	<ul style="list-style-type: none"> • Drink a large glass of water, rest and address triggers • Ibuprofen 10 mg/kg and/or acetaminophen 10 mg/kg use ≤10 days/month • May add caffeine, but use ≤8 days/month • For episodic migraine treatment, counsel acute treatment at onset of migraine • If migraine is not responsive to OTC meds, then can consider a triptan such as sumatriptan, rizatriptan (do not use triptan if patient has cardiac or vascular disease) • Avoid medication overuse: https://www.aan.com/Guidelines/Home/GuidelineDetail/966

Are migraines causing disability >4 days per month or dx = chronic migraine?

Yes ↑
No →

Continue to address lifestyle factors and provide acute treatment

Address lifestyle factors as noted below, modify potential migraine triggers AND may consider preventive therapy such as:

- Cognitive behavioral therapy
 - Supplements: Mg, B2, melatonin, others
 - Biofeedback therapy for migraine
 - Discuss evidence for use of prescription medications for migraine prevention - amitriptyline, topiramate, propranolol - to decide with the family if a trial is indicated
 - If preventive treatments are used, consider trial of at least 8-12 weeks to determine efficacy
 - Stop medication if side effects are significant
- <https://www.aan.com/Guidelines/home/GuidelineDetail/967>