This guideline covers the diagnosis and management of headache disorders in adults and young people aged ≥12 years.

### Definition of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAID</td>
<td>non-steroidal anti-inflammatory drug</td>
</tr>
<tr>
<td>SC</td>
<td>subcutaneous</td>
</tr>
<tr>
<td>IM</td>
<td>intramuscular</td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
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</tbody>
</table>

### Assessment and referral – see the NICE Pathway

- Do NOT refer people with headache disorder for neuroimaging solely for reassurance.

### Diagnosis

- Use a headache diary to help diagnose primary headaches. Ask the person to record the following for a minimum of 8 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.

### Table 1: Diagnosis of primary headache disorders

<table>
<thead>
<tr>
<th>Headache feature</th>
<th>Tension-type headache</th>
<th>Migraine (with or without aura)</th>
<th>Cluster headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain location*</td>
<td>Bilateral</td>
<td>Unilateral or bilateral</td>
<td>Unilateral (around the eye, above the eye and along the side of the head/face)</td>
</tr>
<tr>
<td>Pain quality</td>
<td>Pressing/tightening (non-pulsating)</td>
<td>Pulsating (throbbing or banging in young people aged 12 to 17 years)</td>
<td>Variable (can be sharp, boring, burning, throbbing or tightening)</td>
</tr>
<tr>
<td>Pain intensity</td>
<td>Mild or moderate</td>
<td>Moderate or severe</td>
<td>Severe or very severe</td>
</tr>
<tr>
<td>Effect on activities</td>
<td>Not aggravated by routine activities of daily living</td>
<td>Aggravated by, or causes avoidance of, routine activities of daily living</td>
<td>Restlessness or agitation</td>
</tr>
<tr>
<td>Other symptoms</td>
<td>None</td>
<td>Unusual sensitivity to light and/or sound or nausea and/or vomiting.</td>
<td>On the same side as the headache:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aura symptoms* can occur with or without headache and are fully reversible, develop over at least 5 minutes and last to 60 minutes.</td>
<td>&gt; red and/or watery eye</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Typical aura symptoms include: visual such as flickering lights, spots or lines and/or partial loss of vision; sensory such as numbness and/or pins and needles; speech disturbance</td>
<td>&gt; nasal congestion and/or runny nose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; swollen eyelid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; forehead and facial sweating</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; constricted pupil and/or drooping eyelid</td>
</tr>
<tr>
<td>Duration of headache</td>
<td>30 minutes to continuous</td>
<td>4 to 72 hours in adults 1 to 72 hours in people 12 to 17 years</td>
<td>15 to 180 minutes</td>
</tr>
<tr>
<td>Frequency of headache</td>
<td>&lt;15 days per month</td>
<td>≥15 days per month for &gt;3 months</td>
<td>&lt;15 days per month</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Episodic tension-type headache</td>
<td>Chronic tension-type headache</td>
<td>Episodic migraine (with/without aura)</td>
</tr>
</tbody>
</table>

* Headache pain can be felt in the head, face or neck.
* Chronic migraine and chronic tension-type headache commonly overlap. If there are any features of migraine, diagnose chronic migraine.
* The frequency of recurrent headaches during a cluster headache bout.
* The pain-free period between cluster headache bouts.
* See NICE TA260 Migraine (chronic) - botulinum toxin type A

### Menstrual-related migraine

- Suspect menstrual-related migraine in women and girls whose migraine occurs predominantly between 2 days before and 3 days after the start of menstruation, in at least 2 out of 3 consecutive cycles.
- Use a headache diary for at least 2 menstrual cycles to diagnose menstrual-related migraine.

### Medication overuse headache

- Consider a diagnosis of medication overuse headache in people whose headache developed or worsened whilst taking the following for ≥3 months:
  - triptans, opioids, ergots or combination analgesics e.g. co-codamol, on ≥10 days a month OR
  - paracetamol, aspirin or an NSAID either alone or in combination on ≥15 days a month.

### Migraine with aura

- Consider further investigations and/or referral for people with or without migraine headache and atypical symptoms:
  - motor weakness OR
  - double vision OR
  - visual symptoms affecting only one eye OR
  - poor balance or decreased level of consciousness.
### Diagnosis and management of headaches continued......

#### Treatment and management - Table 2: Management of headache

<table>
<thead>
<tr>
<th>Headache disorder</th>
<th>Acute treatment</th>
<th>Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tension-type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine with or without aura</td>
<td></td>
<td></td>
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<tr>
<td>Migraine in pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medication overuse</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Take into account the person's preference, comorbidities and risk of adverse effects.**

- **First-line**
- **Second-line**
- **Do NOT**
- **Prophylaxis**

**G**

### All headache disorders

- **Use a headache diary:**
  - to record the frequency, duration and severity of headaches.
  - to monitor the effectiveness of interventions,
  - as a basis for discussion with the person about their headache disorder and its impact.

### Menstrual related migraine

- **Give acute treatment for migraine as per Table 2.**
- **Or if this is ineffective:**
  - frovatriptan U (2.5mg twice daily) OR zolmitriptan U (2.5mg twice or three times daily) on the days migraine is expected.

### Migraine

- **Choose a triptan with the lowest acquisition cost; if this is ineffective, give an alternative triptan.**
- **Continue any currently prescribed migraine prophylaxis e.g. amitriptyline U, if this is controlling symptoms.**
- **Review the need for prophylaxis after 6 months.**
- **Advise people with migraine that riboflavin U (400mg once each day) may reduce migraine frequency and intensity.**

### Cluster headache

- **In people with a first bout of cluster headache, discuss the need for neuroimaging with a specialist GP or neurologist.**
- **Arrange provision of home and ambulatory oxygen.**
- **Ensure an adequate supply of SC or intranasal triptan is provided based on the history of cluster bouts and the maximum daily dose.**

### Medication overuse headache

- **When stopping medication advise patients that:**
  - headache symptoms may get worse in the short term,
  - they may experience withdrawal symptoms.
- **Provide support and follow-up according to their needs.**

- **Consider specialist referral and/or inpatient withdrawal for people:**
  - taking strong opioids, e.g. morphine,
  - with relevant comorbidities,
  - in whom previous attempts at withdrawal of overused medication have been unsuccessful.
- **Review the diagnosis and further management 4 to 8 weeks after the start of withdrawal of overused medication.**

### Pregnancy

- **If topiramate is given to women of child bearing potential, discuss the risk of fetal malformation and potential decreased efficacy of hormonal contraceptives. Ensure suitable contraception is offered.**
- **Seek specialist advice if treatment of cluster headache is required during pregnancy.**
- **There is limited experience of triptans in pregnancy; avoid if possible unless the potential benefit outweighs the risk.**

### Counselling

- **Discuss the benefits and risks of each treatment.**
- **For all people with a headache disorder discuss:**
  - how a diagnosis has been reached and reassure that other causes have been excluded AND
  - the options for management AND
  - recognition that headache is a medical disorder that can have significant impact on the person and their family or carers.
- **Provide information about headache disorders and support organisations.**
- **Explain the risk of medication overuse headache to people who are using acute treatment.**

Visit the [NICE pathway: Headaches](#)