

Approach to Headaches

Important features:

- Characteristics of pain:
 - **Onset** (gradual vs sudden)
 - **Course** (intermittent vs constant)
 - **Severity**
 - **Nature** of pain
- Associated Sx → N/V, neurological deficits, fever

1. INTRA-cranial causes based on location → all are “**must-not-miss**” diagnoses

• **BLOOD VESSELS:**

- Arterial causes:
 - Rupture/bleed → Hx of hereditary bleeding disorders (ie. hemophilia), anticoagulant use
 - Epidural Hemorrhage
 - Hx of head **trauma** (time of event, GCS/LOC at event vs present time)
 - Subarachnoid Hemorrhage
 - Hx of onset (peak intensity at onset = “**Thunderclap**”)
 - Activity at onset (exertion/rest)
 - Personal/FHx of aneurysms and polycystic kidney disease
 - Vasospasm (migraine)
 - Hx of **migraine** (compare current episode vs previous)
 - +/- aura (characteristic, current episode vs previous)
- Venous causes:
 - Subdural Hemorrhage (from shearing of bridging veins)
 - Hx of head **trauma** (time of event, GCS/LOC at event vs present time)
 - Thrombosis = cerebral venous thrombosis
 - **Clot RFs**/use of pro-coagulant meds (ie. OCPs)
 - Hx of venous thrombosis

• **PARENCHYMA:**

- Space occupying lesions:
 - Blood:
 - Hx of **HTN** (most common RF for intraparenchymal bleed)
 - Abscess:
 - **Constitutional Sx** (fever, sick contacts/travel Hx, RFs for immunocompromise)
 - Masses:
 - Hx of **cancer**, headache worse in morning, personality changes
- Infection (encephalitis)
 - Hx of fever, travel, sick contacts, vaccination Hx

• **CSF:**

- Hydrocephalus:
 - Hx of urine **incontinence**, gait disturbances
- Intracranial HTN (a.k.a. pseudotumor cerebri):
 - Hx of vision changes, OCP use

• **MENINGES:**

- Infection (meningitis)
 - Hx of fever, travel, sick contacts, vaccination Hx

2. EXTRA-cranial causes:

- The “**must-not-miss**” diagnoses:

- **EYE** Involvement:
 - Acute angle closure glaucoma
 - Hx of glaucoma, med Hx (new meds causing ↑IOP), vision changes
 - Temporal arteritis
 - Hx of jaw claudication, proximal muscle weakness
- CO Poisoning:
 - Hx of timing (specific locations), if multiple people affects; presence of CO detector

- **OTHER:**
 - Temporomandibular dysfunction
 - Sinusitis
 - Tension headaches

3. Physical Exam for Headaches

- **VS** → any abnormalities (ie. fever, HTN, etc.)
- Detailed **NEURO** Exam:
 - Cranial Nerves → especially visual acuity & visual fields
 - Motor & sensory → BOTH upper & lower extremities
 - Cerebellar testing → especially gait & dysmetria
- **NECK** → Signs of meningeal irritation (ie. jolt accentuation)
- **EYES** → slit lamp exam, measure IOP, temporal artery tenderness

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