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:
  o Temporomandibular dysfunction
  o Sinusitis
  o Tension headaches

3. Physical Exam for Headaches
• VS → any abnormalities (ie. fever, HTN, etc.)
• Detailed NEURO Exam:
  o Cranial Nerves → especially visual acuity & visual fields
  o Motor & sensory → BOTH upper & lower extremities
  o 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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