DIRECTORY OF SERVICE FOR HEADACHE DISORDERS

Out-Patient Referrals Guidelines

1. Chronic Daily Headaches i.e., occurring on more than 15 days a month for more than three months are welcomed to be referred in the headache clinic provided:
    a. Those overusing painkillers (prescribed or over the counter) be advised to reduce or preferably stop the painkillers prior to clinic visit.
    b. Advising the patient to maintain a headache diary before clinic visit (Using Hull Headache Diary).
    c. Clearly detail on the prophylactic drugs they have tried including name, doses and duration of each drug.
2. Episodic Headaches i.e. occurring on 14 or less days in a month for more than three months with or without features of migraine (Nausea, Vomiting, Sensitivity to light sound or smell and motion sensitivity) should only be referred if:
    a. If you have a doubt on the diagnosis (state why)
    b. If you think they have one of the red flags
    c. If they have been refractory to at least three preventive drugs used at an appropriate dose for at least three months. These include
        i. Tricyclic antidepressants (Amitriptyline 30 mg max)
        ii. Beta blockers (Propranolol 160 mg max)
        iii. Anti-convulsants (Topiramate 100 mg max)
3. New Daily Persistent Headaches i.e., a daily headache of less than three months with or without red flags with no previous history or a change in the characteristic of headache in previous sufferers.
4. Patients with headaches lasting less than 4 hours (without treatment) that are suspected of having rare headache syndromes such as cluster headaches. Please ensure:
    a. These headaches are excruciating, strictly unilateral and side locked with autonomic features such as lacrimation, conjunctival injection, rhinorrhoea in the first division of the trigeminal nerve. (Likely cluster)
    b. Sharp Stabbing electric shock like pains in the second or third division of trigeminal nerve (likely trigeminal neuralgia).

RED FLAGS

1. New onset of headaches (< 3 months) or change in the characteristics of existing migraineurs in patients with:
    a. Recent diagnosis of cancer elsewhere e.g. breast, prostate, lungs, bowel etc.
    b. Immunosuppressed e.g. steroids or other immunomodulators.
    c. Patients aged 60 or more
    d. Patients with raised inflammatory markers that cannot be explained.
2. Patients with abnormal neurological examination e.g. pappilloedema, altered mentation.
3. Patients whose typical migraine aura lasts for longer than an hour.
4. Patients with persistent aura.
5. Patients with thunderclap headaches i.e. hyperacute onset that peaks in less than 5 minutes.
6. Patients with valsalva headaches:
    a. Definite relationship with change in posture
    b. Only **precipitated** with coughing, sneezing, straining, and bending forward. Please note all patients with migraine will have exacerbation of their headache with such manoeuvres.

PLEASE NOTE:

a) Those suspected of brain tumours be referred through 2 week cancer wait patient
b) Those with fever and rash be referred to Infectious Diseases for suspected meningitis
c) Those with thunderclap (hyperacute) headache be referred to A & E after speaking to a Neurosurgical registrar on-call.
d) Patients outside the remit of the abovementioned Directory of Service will be accepted for advice through Advice and Guidance pathway.