TENSION HEADACHES AND MIGRAINES

Assess patient for red-flags

Are any of the following present?
- Any headache that becomes progressively severe, changes in headache pattern, or is accompanied by blackout or memory loss
- Sudden onset to peak intensity (few seconds to 5 minutes)
- Unilateral eye pain with red eye, fixed and dilated pupil or diminished vision
- Suspected stroke, TIA, or head trauma
- Concurrent fever, neck stiffness or impaired consciousness
- New headache presenting with cognitive change
- Patient’s worst headache

REFER TO EMERGENCY

Are any of the following present?
- Medication overuse headache
- Medication-induced headache (see guidelines for list)
- Withdrawal from medications (eg. opioids, caffeine, benzodiazepines, SSRIs, psychotropics)
- Uncontrolled hypertension
- Shingles and post-herpetic neuralgia
- Sinusitis, otitis media, or dental abscess
- Onset with exercise or sexual activity
- 50 years of age or older with new, undiagnosed headache
- Headache associated with tenderness in temporal artery
- Patient’s first headache

REFER

Assess symptoms

Migraine
Headache presents with ≥2 of:
- Unilateral
- Pulsating quality
- Aggravated by activity
PLUS one of: nausea, vomiting, photophobia, phonophobia
+/- previous diagnosis of migraine by physician

Tension headache
Headache presents without nausea, but has ≥2 of:
- Bilateral headache
- Non-pulsating pain
- Mild-moderate pain
- Not worsened by activity
+/- previous diagnosis of tension headache by physician

Severe
- Pain is >6 on a scale of 1/10
- Headache >15 days per month
Or symptoms not typical of migraine or tension headache

Non-pharmacologic management;
And OTC doses of ibuprofen, aspirin, acetaminophen or naproxen;
Or prescribe prescription strength ibuprofen or naproxen;
Or prescribe a triptan
*combination NSAID + triptan can be considered for refractory migraines

Non-pharmacologic management
And OTC doses of ibuprofen, aspirin, acetaminophen or naproxen
Or prescribe prescription strength ibuprofen or naproxen

Follow up within 24 hours to assess effectiveness and tolerability of treatment
Continually monitor for medication overuse
Strongly consider referring for prophylactic therapy if headache >6 days/month; definitely refer if >15 days/month