Mastering the Headache History

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Disclosures

• No disclosures
Objectives

• Identify headache **red flags** to differentiate primary from secondary headaches

• Apply the **5 key histories** important for headache

• Recognize **important nuances** in a headache history
Primary or Secondary?
Primary Headaches
SNOOP4 Red Flags

- Systemic symptoms
- Neurologic symptoms/signs
- Onset sudden
- Older age of onset (>50)
- Postural aggravation
  - Precipitated by valsalva
  - Pregnancy
  - Progressive

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Dodick, Semin Neurol 2010.
5 Key Histories

- Life History
- Attack History
- Medical History: Comorbidities
- Medication History
- Family History
Life History

• Age of 1\textsuperscript{st} Headache Ever

• Childhood episodic syndromes

• When worse/better
  • Pregnancy, children, high school, college
  • Menarche, menopause, menses

• Changed over time?

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What if our 19 yo patient told you..

Versus

Prior history of HA
• As a child, frequent headaches
• Got worse as a young adolescent
• Then went away
• Until now…

NO prior history of HA
Attack History

- New vs. old
- More than 1 type?
- Frequency (HA-free days?)
- Warning: aura vs. prodrome
- Triggers

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Associated symptoms
  - Ipsilateral autonomic
What if our patient told you
HA wakes him from sleep:

Versus

- Awakens every day 2am
- Pain is unilateral, R eye
- Right eye lacrimation, injection

- Awakes with tongue biting, incontinence
- Unexplained fever
Additional Tools
### Medical History

#### Medical
- HTN, HLD, DM
- Hypothyroidism
- Thyroid
- Sleep Apnea
- TMJ
- Head/neck trauma
- Menopause, PMS

#### Psych
- Depression
- Anxiety
- Bipolar
- Insomnia
- Abuse

#### Chronic Pain
- Fibromyalgia
- Irritable bowel
- Endometriosis
- Chronic fatigue
- Interstitial cystitis
- Arthritis
- Uterine fibroids

Ask directly about:

- Caffeine
- Sleep; snoring
- ER/urgent care visits
- Head/neck trauma
- Abuse

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Medication History

- Current, past, works
- Prescription, non-prescription
- Drug abuse
**Medications: Circle those you have been on**

<table>
<thead>
<tr>
<th>Beta Blockers</th>
<th>Teptans</th>
<th>Side effects horrible!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atenolol (eg Tenormin)</td>
<td>Almotriptan (Axert)</td>
<td></td>
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<tr>
<td>Metoprolol (eg Lopressor)</td>
<td>Frovatriptan (Frova)</td>
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<tr>
<td>Nadolol (eg Corgard)</td>
<td>Naratriptan (Amerge)</td>
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<tr>
<td>Propranolol (eg Inderal)</td>
<td>Rizatriptan (Maxalt)</td>
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<tr>
<td>Other:</td>
<td>Sumatriptan (Imitrex)</td>
<td></td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>Zomig</td>
<td></td>
</tr>
<tr>
<td>Amlodipine (eg Norvasc)</td>
<td>Verapamil (eg Calan)</td>
<td></td>
</tr>
<tr>
<td>Diltiazem (eg Cardizem)</td>
<td>Other:</td>
<td></td>
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<tr>
<td>Nifedipine (eg Procardia)</td>
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<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Anticonvulsants</th>
<th>Not good!!</th>
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</thead>
<tbody>
<tr>
<td>Desipramine (eg Norpramin)</td>
<td>Carbamazepine (eg Tegretol)</td>
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<tr>
<td>Doxepin</td>
<td>Divalprox sodium (eg Depakote)</td>
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<tr>
<td>Imipramine</td>
<td>Gabapentin (eg Neurontin)</td>
<td></td>
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<tr>
<td>Nortriptyline</td>
<td>Levetiracetam (eg Keppra)</td>
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<tr>
<td>Trazodone</td>
<td>Phenobarbital</td>
<td></td>
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<tr>
<td>Remeron</td>
<td>Lamotrigine (eg Lamictal)</td>
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<tr>
<td>Other:</td>
<td>Topiramate (eg Topamax)</td>
<td></td>
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<tr>
<td>MAO Inhibitors</td>
<td>Zonisamide (eg Zoregran)</td>
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<tr>
<td>moclobemide (eg Moclomib)</td>
<td>Other:</td>
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<tr>
<td>Phenelzine (eg Nardil)</td>
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<td>Transylcypromine (eg Parate)</td>
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<td>Other:</td>
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<table>
<thead>
<tr>
<th>Ergots</th>
<th>Ace Inhibitors</th>
<th>Not work at all!!</th>
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<tbody>
<tr>
<td>Bromocriptine (eg Parlodel)</td>
<td>Captopril (eg Capoten)</td>
<td></td>
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<tr>
<td>Dihydroergotamine (DHE)</td>
<td>Enalapril (eg Vasotec)</td>
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<tr>
<td>Metylergonovine (eg Methergine)</td>
<td>Lisinopril (eg Zestril)</td>
<td></td>
</tr>
<tr>
<td>Inhalated EHE (MigraR)</td>
<td>Candesartan (eg Atacand)</td>
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<tr>
<td>Other:</td>
<td>Other:</td>
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<thead>
<tr>
<th>COX2 Inhibitors</th>
<th>Alpha: Adrenergic Blockers</th>
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<tbody>
<tr>
<td>Celecoxib (eg Celebrex)</td>
<td>Clonidine (eg Catapres)</td>
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<tr>
<td>Other:</td>
<td>Doxazosin (eg Cardura)</td>
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<td></td>
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</tbody>
</table>
Family History

- Anyone with “headaches”
- Pro-thrombotic conditions
- Cerebral aneurysms
Nuances of Headache History

• Open ended vs. directed

• Insightful questions
  • Do, Fears, Impact, Goals

• Compassion

• Initial visit, Follow-ups

• Use template
Reversible Cerebral Vasoconstriction Syndrome (RCVS)

• Recurrent thunderclap headaches

• Segmental constriction-cerebral arteries, reversible

• Normal CSF protein

• Must rule out other causes

• Consider Precipitants
  • Postpartum, vasoactive drugs, catecholamine tumors

Final Tips and Pearls

• Approach: primary vs. secondary

• Life, attack, medical, meds, family histories

• Recognize nuances

• Refractory? Return to the history

• Use template