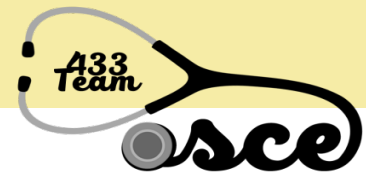


Nervous System



History of headache

Chief Complain: headache	
Questions	Indications
Site :	
Where do you feel it ?	-Unilateral (on one side): migraine headache -Bilateral frontal pain that spread to the entire head: tension headache -Unilateral orbitotemporal pain : cluster headache
Onset :	
Is it new onset headache? Or is it the first and your worse headache ever?	-If the answer is yes: sup-arachnoid hemorrhage -if the answer is no and the patient had similar attacks before : migraine headache
Is it sudden ?	Sudden: Vascular (TIA or stroke)
How long does it last ?	- Short lasting (less than 4 hours): * cluster headache lasts for minutes * tension headache lasts for hours - Long lasting (more than 4 hours): * migraine headache lasts for 4-72 hours
Characteristics :	
What is the character of the pain?	- Migraine headache: pulsatile or throbbing pain which gradually get worse - Cluster headache: deep sever pain - Tension headache: sensation of tightness or dull featureless pain
Radiation :	
Does the pain radiate to other areas ?	-Migraine headache: radiate to the neck on the same side as pain - Cluster headache : it does not radiate
Associated symptoms :	
Fever, loss of weight, loss of appetite, night sweat or any neurological deficit?	It could be a tumor
Fever, history of travelling or Hajj and vomiting	Meningitis
Is associated with photophobia and? Or it is start with flashing lights?	Migraine headache
Is it associated with lacrimation or facial flushing?	Cluster headache
Aggravating and reliving factors ?	
What makes it worse ?	-Lights, sounds and odors: migraine headache -movement or activity or sleep : cluster headache
What relives the pain ?	-analgesics and rest : migraine and tension headache

Severity :	
Is the pain disabling you from doing your daily activity ?	-Yes: migraine and cluster headaches -No : tension headache
Past medical history :	
Any recent head trauma ?	Brain hemorrhage
History of uncontrolled hypertension History of cancer	-uncontrolled hypertension → brain hemorrhage - cancer → metastases
Exposure to drugs like: * histamine or nitroglycerine * anticoagulants	- Cluster headache (histamine and nitroglycerine) -subdural hemorrhage (anticoagulants)
Family history :	
Other members of the family complaining from the same symptoms ?	Migraine headache
Social history :	
Alcohol consumption ?	Cluster headache
Work overload	Tension headache


To differentiate between types of headache:


Migraine headache	Cluster headache	Tension headache
-unilateral pulsatile headache -4-72 hours duration -cyclic headache -photophobia, nausea and vomiting -disabling headache	-unilateral, orbitotemporal deep severe headache - 30 to 180 minutes (less than 4 hours) -seasonal headache -Lacrimation and facial flushing -disabling headache	-bilateral frontal pain, tightness sensation -last for less than 4 hours -at the end of the day -no other symptoms - do not disable the patient

Investigations:

- do CT scan or MRI if:
 - o the patient age >50
 - o change in the pattern of headache
 - o systemic changes (weight loss, fever)
 - o history of cancer
- lumbar puncture in case of infection

Mention 3 causes of primary headache.

 26.10 Primary and secondary headache syndromes	
Primary headache syndromes	
<ul style="list-style-type: none"> • Migraine (with or without aura) • Tension-type headache • Trigeminal autonomic cephalalgia (including cluster headache) • Primary stabbing/coughing/exertional/sex-related headache • Thunderclap headache • New daily persistent headache syndrome 	
Secondary causes of headache	
<ul style="list-style-type: none"> • Medication overuse headache (chronic daily headache) • Intracerebral bleeding (subdural haematoma, subarachnoid or intracerebral haemorrhage) • Raised intracranial pressure (brain tumour, idiopathic intracranial hypertension) • Infection (meningitis, encephalitis, brain abscess) • Inflammatory disease (temporal arteritis, other vasculitis, arthritis) • Referred pain from other structures (orbit, temporomandibular joint, neck) 	
For full diagnostic listings see www.ihs-classification.org/en/	

 26.11 'Red flag' symptoms in headache	
Symptom	Possible explanation
Sudden onset (maximal immediately or within minutes)	Subarachnoid haemorrhage Cerebral venous sinus thrombosis Pituitary apoplexy Meningitis
Focal neurological symptoms (other than for typically migrainous)	Intracranial mass lesion Vascular Neoplastic Infection
Constitutional symptoms Weight loss General malaise Pyrexia Meningism Rash	Meningoencephalitis Neoplastic (lymphoma or metastases) Inflammatory (vasculitic)
Raised intracranial pressure (worse on waking/lying down, associated vomiting)	Intracranial mass lesion
New onset aged > 60 yrs	Temporal arteritis