Primary headache in adults

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The two most important days in your life are the day you are born and the day you find out why

Mark Twain
You change patients’ lives
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Chair of the Neuropharmacology and Neurotoxicology Study Group of Spanish Society of Neurology

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## Conflicts of interest

<table>
<thead>
<tr>
<th>Clinical trials</th>
<th>Conferences</th>
<th>Events and meetings</th>
<th>Research projects</th>
<th>Educational Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teva, Lilly, Amgen, Novartis</td>
<td>Teva, Novartis, Allergan, Chiesi</td>
<td>Teva, Allergan, Novartis</td>
<td>Novartis, Allergan, Spanish Society of Neurology</td>
<td>International Headache Society, Spanish Society of Neurology, EAN</td>
</tr>
</tbody>
</table>
A few aouncements

1. Feel free to interrupt.
2. The only bad question is the one you don’t ask.
3. You will have the slides available.
4. But you can also contact me.
5. Enjoy! :)

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Introduction
Concept of primary/secondary

Diagnosis
Pears and pitfalls in the diagnosis.

Symptomatic treatment
How to do it.

Preventive treatment
Personalised treatment.

Cases and education
Few cases to discuss.
Educational opportunities.

Today's Program
5 steps
INTRODUCTION
Headache is a major problem.

Huge prevalence.
Disabling condition.
And in some cases even mortal.

That can be dramatically improved.

Proper diagnosis.
Better treatment.
Changing lives.
Headache consequences

Years lived with disability

Second cause of years lived with disability


GBD Disease and Injury Incidence and prevalence collaborators. Lancet 2018;392:1789-858.
Prevalence every 100,000 people

10 times higher than Alzheimer + Parkinson + Epilepsy + Multiple sclerosis

- Multiple sclerosis: 30
- Parkinson: 94
- Epilepsy: 327
- Alzheimer: 712
- Migraine: 13,847

Worldwide

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate (Mean)</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>4.0</td>
<td>2</td>
</tr>
<tr>
<td>Asia</td>
<td>10.6</td>
<td>6</td>
</tr>
<tr>
<td>Australia</td>
<td>16-17%</td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>13.8</td>
<td>9</td>
</tr>
<tr>
<td>N. America</td>
<td>12.6</td>
<td>8</td>
</tr>
<tr>
<td>S. America</td>
<td>9.6</td>
<td>10</td>
</tr>
</tbody>
</table>

Mean: 11.2  
Median: 10.2
FIG. 3.1 Countries with information on the societal impact of headache

FIG. 5.1 Estimated percentages of people with specific headache disorders who have been professionally diagnosed, worldwide and by WHO region (medians of individual responses)

Primary?

What means primary?
What is Primary?

Lack of secondary cause.
Usually lifelong.
Headache Epidemiology

Secondary headaches

- 11.5% are secondary
- 5.4% high risk headache
- First priority

Is the frequency similar in Africa?

García-Azorín, submitted
Who decides?

Headache Classification Committee of the International Headache Society

Classification and Diagnostic Criteria for Headache Disorders, Cranial Neuralgias and Facial Pain
Primary **Headaches**

4 groups

- **Migraine**
  - With or without aura
  - Episodic or chronic

- **Tension type headache**
  - Episodic or chronic

- **Trigemino Autonomal Cephalalgias**
  - SUNCT, parxysmal hemicrania,
  - Cluster headache, hemicranea continua

- **Other primary headaches**
  - Nummular, hypnic headache, cold, pressure,
  - thunderclap, exercise, sexual, new daily onset
But the most frequent, by far, is tension type headache.
<table>
<thead>
<tr>
<th>Tension-type headache</th>
<th>Migraine</th>
<th>Cluster headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressing</td>
<td>Pulsating</td>
<td>Any type</td>
</tr>
<tr>
<td>Either photophobia or phonophobia</td>
<td>Photophobia &amp; phonophobia</td>
<td>Trigeminal autonomic features</td>
</tr>
<tr>
<td>Mild</td>
<td>Moderate to severe</td>
<td>Worst pain</td>
</tr>
<tr>
<td>No nausea/vomiting</td>
<td>Nausea, vomiting</td>
<td>Circadian rythm</td>
</tr>
<tr>
<td>Does not avoid activity</td>
<td>Difficults physical activity</td>
<td>Associates restlessness</td>
</tr>
</tbody>
</table>
Diagnosing Migraine

01 Prefreshing
Many patients describe both pressing and pulsating quality.
TTH is never pulsating.

02 Bilateral
Up to 60% of patients describe bilateral pain.
TTH is not Unilateral

03 Impacts function
Most TTH patients are able to keep functioning.
Clynophilia is a symptom

04 Worsens with
Head movements.
Light / noise exposure.

Prefer open questions.
The 5 phases of a migraine attack:

1. Prodrome
   - Craving
   - Appetite
   - Awake/asleep
   - Light tolerance
   - Noise
   - Fluid balance

2. Aura
   - Anorexia
   - Nausea
   - Vomiting
   - Sleepy/yawning
   - Photophobia
   - Phonophobia
   - Osmophobia

3. Headache
   - Deep sleep
   - Limited food tolerance
   - Appetite
   - Tired
   - High or low
   - Photophobia
   - Phonophobia
   - Osmophobia

4. Resolution
   - Diuresis
   - Smell
   - Noise
   - Light tolerance
   - Feeling

5. Recovery
   - Fluid balance
   - Normal
   - Normal

Nizal. Exp Rev 2013
Trigemino Autonomic Symptoms

Ipsilateral to pain

Conjunctival injection
Tearing
Rhinorrhea
Nasal congestion
Ptosis

They define group 3 of the International Classification of Headache Disorders
Trigemino Autonomic Cephalalgias

Duration is the key

1-600 seconds. Lamotrigine. Carbamazepine.

2-30 minutes. Indometacine

15-180 minutes. Verapamil

Hours. Indometacine
Do we need **tests**?

Which complementary exams should we do?
Diagnosis & Red flags
Red flags: *Prior medical history*

- Cancer
- HIV
- Alcohol
Red flags: **Anamnesis**

- Morning
- Nocturnal
- Valsalva
- Thunderclap
- Behavioural
- Seizures
Red flags: **Examination**

- **Examination**
- **Hiperemia**
- **Nuchal rigidity**
- **Papilloedema**
- **Brudzinski's neck sign**
- **Kernig's sign**
- **Cutaneous abnormalities**
MANAGEMENT
Steps in Management

**Education**
- Explanation and expectations management

**Prophylactic treatment**
- First choice therapy.
- Adverse event anticipation

**Non-pharmacological treatment**
- Triggers. Comorbidities.

**Acute medication**
- What and how to take.
- Coadyuvant treatment

Migraña
What to tell?

What do you explain to patients?
Key Messages

4 ideas

Not curable
But treatable.
Lifestyle, symptomatic and preventive.

Improves over time
In most cases...

How to take treatment
Keep symptomatic ready.
Prophylactic daily and during at least 3-6 months.

If they get worse, come again
It can be a different cause.
Treatment can be needed again.
Migraine triggers