

LACK
OF SLEEP
STRESS INDUCED
PARALYSING
CLUSTER
CAN'T CONCENTRATE
HITS HARD
LASTS HOURS TO DAYS
DOUBLE
VISION
NAUSEATING
MIGRAINE
CAN'T FUNCTION
TENSION
INSUFFERABLE
BLINDING
CAN'T SEE PROPERLY
FEELING FAINT
NOT MYSELF ANYMORE
PHYSICALLY SICK

Patient case study.

Headache

#ListenToPain

Brought to you by the makers of



Start here >



Detailed history:

- Headaches mostly in the evenings since > 3 months, almost 4 times a week, lasting for 3 to 4 hours.
- Pain appears as a band extending bilaterally back from the forehead across the sides of the head to the occiput.
- Sometimes, headache extends to the posterior neck muscles.
- Varies from mild-to-moderate-intensity pressure-pain.
- No associated nausea or vomiting.
- Feels eye strain but no visual disturbances.

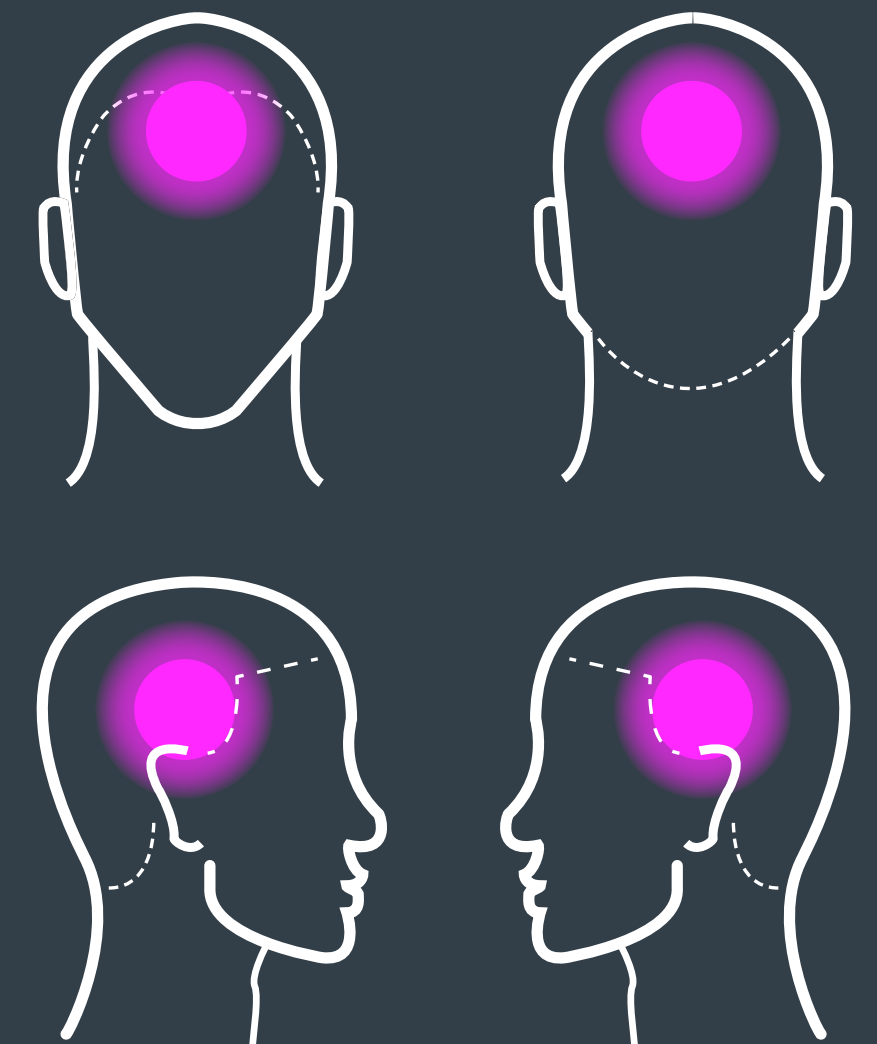
Aggravating and alleviating features:

- Continuous and long working hours seem to trigger the headaches.

Past history:

- Hypertension for 3 years, takes atenolol 50mg once a day, regularly, BP is well maintained since then.
- No history of diabetes or any other chronic illness.
- No significant family history.
- Has regular health check ups.

Pain pattern:



BP, blood pressure.

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up

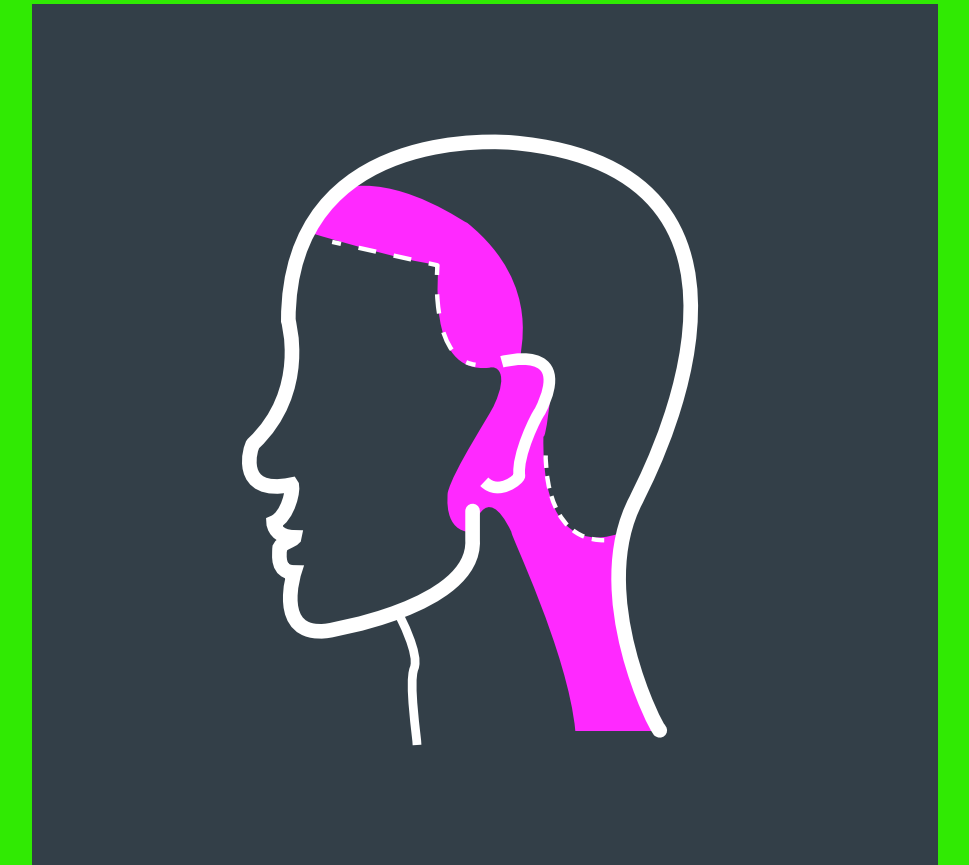


Clinical examination



Clinical examination.

- > General appearance: **Good.**
- > **Pericranial muscle tenderness present.**
- > **BP: 126/80mmHg.**
- > PR: 66bpm.
- > Temperature: 37°C.
- > BMI: 22.1kg/m².
- > Systemic and physical examination did not reveal any significant findings.



BMI, body mass index; BP, blood pressure; PR, pulse rate.

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up





Approach to evaluation and management.

01

What type of headache does Gregory have?

02

How can he best manage his headaches which are impacting his quality of life?

03

What do guidelines say?

04

What is the clinical evidence?

05

Which is the most suitable medicine for Gregory?

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up



#ListenToPain

Clinical
examination



What type of
headache does
Gregory have?

Click an option to select your answer.

- MIGRAINE
- TENSION
HEADACHE
- TRIGEMINAL
AUTOMATIC
CEPHALALGIAS
- SECONDARY
HEADACHE
- OTHER
HEADACHE
DISORDER

HALEON



Presentation



History



Clinical
examination



Differential
diagnosis



Treatment plan



Follow-up



#ListenToPain

Clinical
examination



What type of
headache does
Gregory have?

Click an option to select your answer.

× **MIGRAINE**

TENSION
HEADACHE

TRIGEMINAL
AUTOMATIC
CEPHALALGIAS

SECONDARY
HEADACHE

OTHER
HEADACHE
DISORDER

HALEON



Presentation



History



Clinical
examination



Differential
diagnosis



Treatment plan



Follow-up



#ListenToPain

Clinical examination



What type of headache does Gregory have?

Click an option to select your answer.

MIGRAINE

TENSION HEADACHE

× TRIGEMINAL AUTOMATIC CEPHALALGIAS

SECONDARY HEADACHE

OTHER HEADACHE DISORDER

HALEON



Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up



#ListenToPain

Clinical
examination



What type of
headache does
Gregory have?

Click an option to select your answer.

MIGRAINE

TENSION
HEADACHE

TRIGEMINAL
AUTOMATIC
CEPHALALGIAS

×

SECONDARY
HEADACHE

OTHER
HEADACHE
DISORDER

HALEON



Presentation



History



Clinical
examination



Differential
diagnosis



Treatment plan



Follow-up



#ListenToPain

Clinical
examination



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headache does
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MIGRAINE

TENSION
HEADACHE

TRIGEMINAL
AUTOMATIC
CEPHALALGIAS

SECONDARY
HEADACHE

× OTHER
HEADACHE
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Presentation



History



Clinical
examination



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Follow-up



#ListenToPain

Clinical examination



What type of headache does Gregory have?

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MIGRAINE



TENSION HEADACHE

TRIGEMINAL AUTOMATIC CEPHALALGIAS

SECONDARY HEADACHE

OTHER HEADACHE DISORDER

HALEON



Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up



International Classification of Headache Disorders.^{1,2}



Part 1

The primary headaches

1. Migraine
2. Tension-type headache
3. Trigeminal autonomic cephalgia
4. Other primary headache disorders

Part 2

The secondary headaches

Headache (or facial pain) attributed to:

5. Trauma or injury to the head and/or neck
6. Cranial or cervical vascular disease
7. Nonvascular intracranial disorder
8. A substance or its withdrawal
9. Infection
10. Disorder of homeostasis
11. Disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth, or other facial or cervical structure
12. Psychiatric disorder

Part 3

Painful cranial neuropathies, other facial pains, and other headaches

13. Painful cranial neuropathies and other facial pain
14. Other headache disorders

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



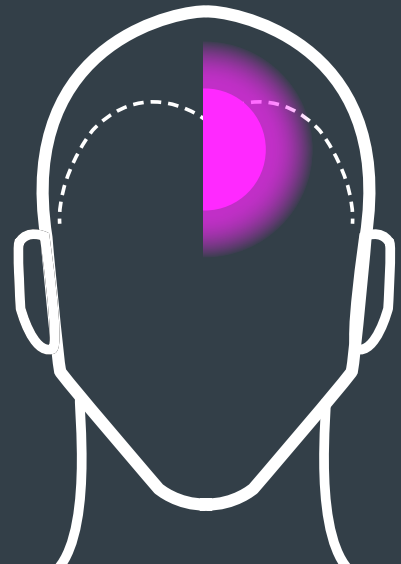
Follow-up



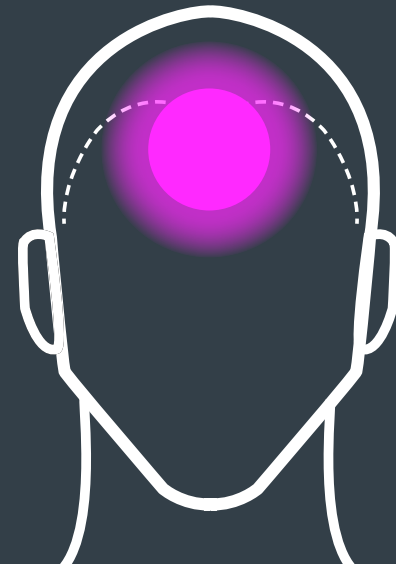
Differential diagnosis 

What type of primary headache does Gregory have?

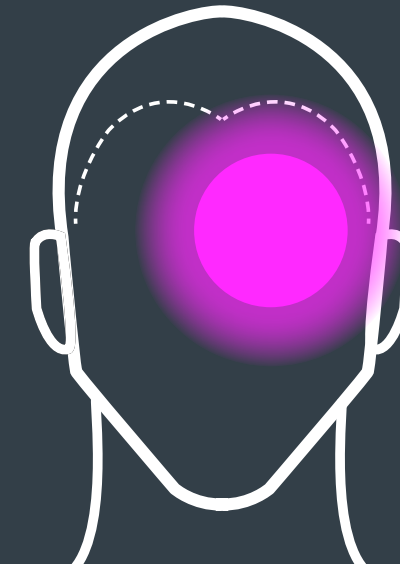
Migraine



Tension-type headache



Trigeminal autonomic cephalalgias



How do we differentiate? 



Presentation 

History 

Clinical examination 

Differential diagnosis 

Treatment plan 

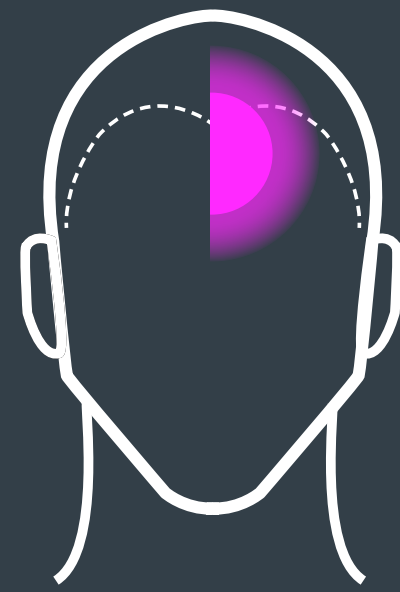
Follow-up 

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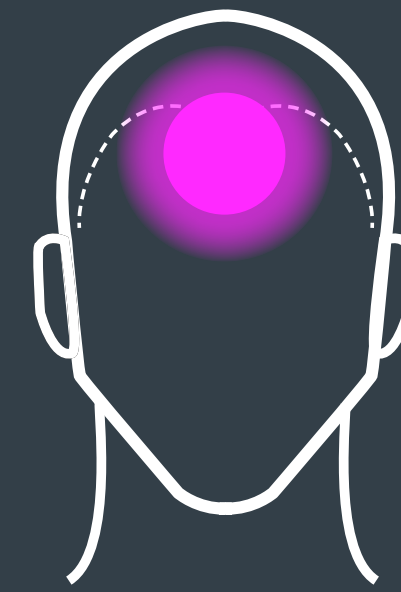
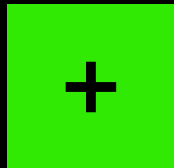
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Differential diagnosis 

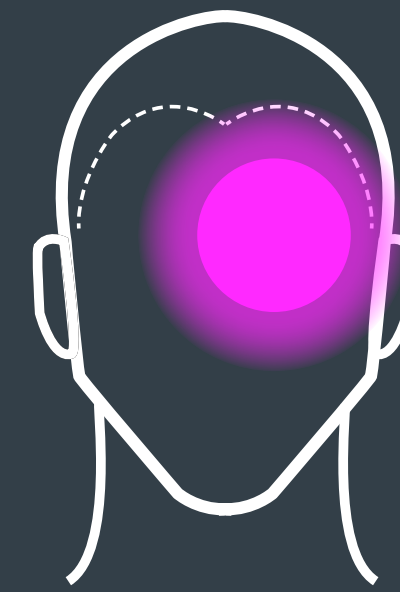
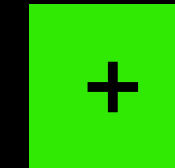
What is the guidelines-based differential diagnosis of primary headaches?¹⁻³



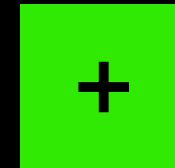
Migraine



Tension-type headache



Trigeminal autonomic cephalalgias (TACs)



1. Headache Classification Committee of the International Headache Society. *Cephalalgia* 2018;38(1):1-211. 2. Rizzoli P, Mullally W. *Am J Med* 2018;131(1):17-24. 3. Becker W, et al. *Can Fam Physician* 2015;61(8):670-679.

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan

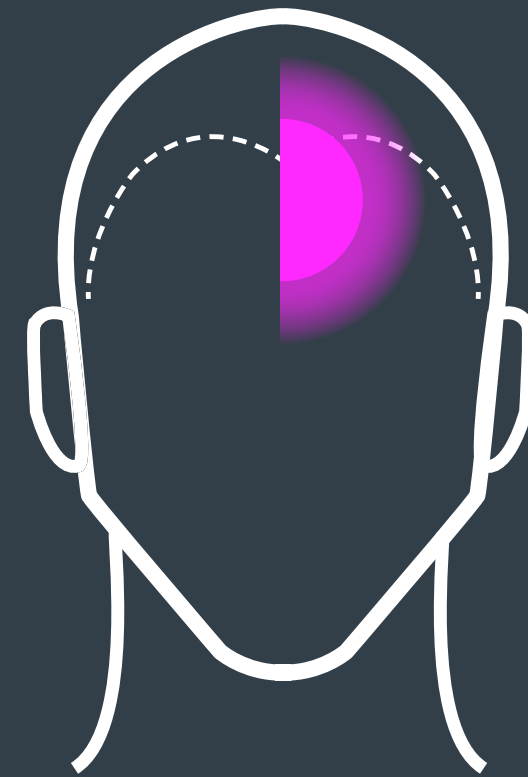


Follow-up



Differential diagnosis 

What is the guidelines-based differential diagnosis of primary headaches?¹⁻³



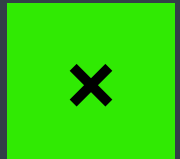
Migraine

- A. At least five attacks¹ fulfilling criteria B-D
- B. Headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated).^{2,3}
- C. Headache has at least two of the following four characteristics:
 - 1. Unilateral location
 - 2. Pulsating quality
 - 3. Moderate or severe pain intensity
 - 4. Aggravation by, or causing avoidance of, routine physical activity (e.g., walking or climbing stairs)
- D. During headache at least one of the following:
 - 1. Nausea and/or vomiting
 - 2. Photophobia and phonophobia

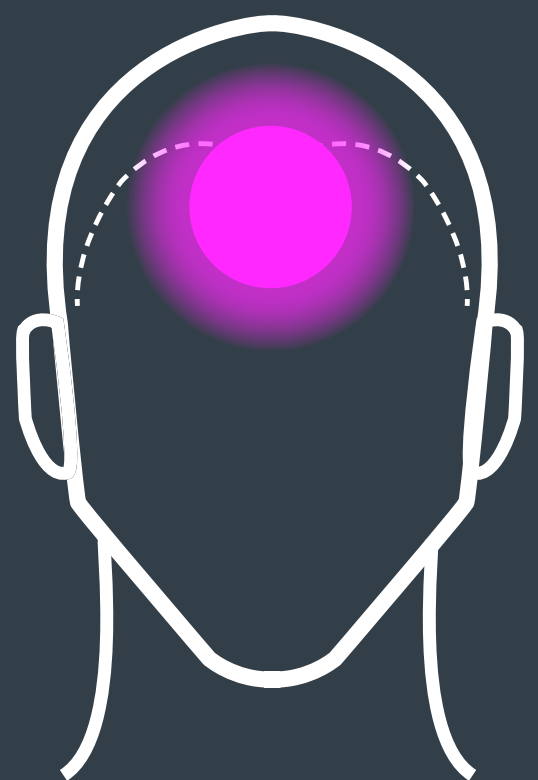
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Differential diagnosis 

What is the guidelines-based differential diagnosis of primary headaches?¹⁻³



Tension-type headache

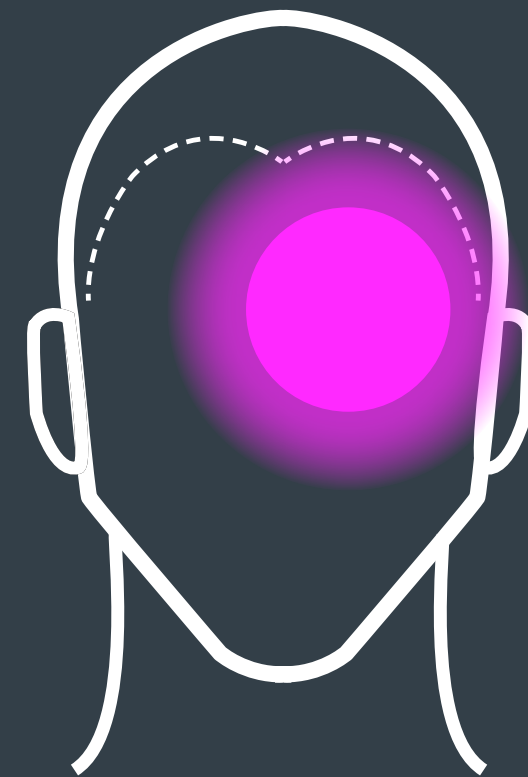


- A. At least 10 episodes of headache occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B-D
- B. Lasting from 30 minutes to seven days
- C. At least two of the following four characteristics:
 1. Bilateral location
 2. Pressing or tightening (non-pulsating) quality
 3. Mild or moderate intensity
 4. Not aggravated by routine physical activity such as walking or climbing stairs
- D. Both of the following:
 1. No nausea or vomiting
 2. No more than one of photophobia or phonophobia

1. Headache Classification Committee of the International Headache Society. *Cephalalgia* 2018;38(1):1-211. 2. Rizzoli P, Mullally W. *Am J Med* 2018;131(1):17-24. 3. Becker W, et al. *Can Fam Physician* 2015;61(8):670-679.

Differential diagnosis 

What is the guidelines-based differential diagnosis of primary headaches?¹⁻³



Trigeminal autonomic cephalalgias (TACs)

- A. At least five attacks¹ fulfilling criteria B-D
- B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes (when untreated)^{2,3}
- C. Either or both of the following:
 - 1. At least one of the following symptoms or signs, ipsilateral to the headache:
 - a) Conjunctival injection and/or lacrimation
 - b) Nasal congestion and/or rhinorrhoea
 - c) Eyelid oedema
 - d) Forehead and facial sweating
 - e) Miosis and/or ptosis
 - 2. A sense of restlessness or agitation
- D. Occurring with a frequency between one every other day and eight per day²

1. Headache Classification Committee of the International Headache Society. *Cephalalgia* 2018;38(1):1-211. 2. Rizzoli P, Mullally W. *Am J Med* 2018;131(1):17-24. 3. Becker W, et al. *Can Fam Physician* 2015;61(8):670-679.

What is the diagnosis?



Pain pattern ✓



Pericranial muscle tenderness ✓

Therefore, Gregory has a tension-type headache

- > It is a dull, bilateral, mild-to moderate-intensity pressure-pain.¹
- > Pericranial muscle tenderness is an important physical finding in the diagnosis of tension-type headache.¹
- > No nausea and vomiting.

1. Rizzoli P, Mullally W. Am J Med 2018;131(1):17-24.



What lifestyle modifications should be suggested to Gregory?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Self-management interventions for tension-type headache are very effective in reducing pain intensity, mood and headache-related disability.¹

- 1. Eat nutritious food on a regular schedule
- 2. Avoid excess caffeine
- 3. Ease muscle tension. Massage, apply heat or ice
- 4. Exercise regularly
- 5. Quit smoking
- 6. Relax. Try deep breathing exercises
- 7. Get enough sleep
- 8. Keep stress under control

1. Probyn K, et al. *BMJ Open* 2017;7(8):e016670. 2. Mayo Clinic. Tension-type headaches: Self-care measures for relief. Available at: www.mayoclinic.org/diseases-conditions/tension-headache/in-depth/headaches/art-20047631 (last accessed May 2021).





What are the pharmacological options for TTH?

Tension-type headache is often managed with over-the-counter analgesics.¹⁻³

Paracetamol (or APAP)

Ibuprofen

Acetylsalicylic acid

All of the above in combination with caffeine



APAP, n-acetyl-para-aminophenol; TTH, tension-type headache.

1. Derry C, et al. *Cochrane Database Syst Rev* 2012;(3):CD009281. 2. Ali Z, et al. *Curr Med Res Opin* 2007;23:841. 3. Zhang W. *Drug Saf* 2001;24:1127-1142.





What are the pharmacological options for TTH?

Monotherapy in TTH.

For acute treatment of tension-type headaches, most guidelines recommend:

- > Paracetamol (500-1000mg); level I or grade A.
- > Ibuprofen (200-800mg); level I or grade A.

According to clinical guidelines, the choice of therapy should be based on patient risk profile.

Paracetamol is preferred in:

- Elderly.
- GI risk.
- Kidney disease.
- Children.
- CVD conditions like hypertension & diabetes.

Ibuprofen is the suitable choice amongst OTC NSAIDs for:

- Children under 14 years of age.
- Patients with GI risk.



Based on robust evidence 15 guidelines & 6 systemic reviews.¹⁻²³

International Headache Society
The European Federation of Neurological Societies
The American Headache Society
Canadian Headache Society

Primary efficacy parameter assessment for TTH is "pain free after 2 hours"

CVD, cardiovascular disease; GI, gastrointestinal; NSAID, non-steroidal anti-inflammatory drug; OTC, over-the-counter; TTH, tension-type headache.

[View references >](#)

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up





References

1. Evers S, et al. *Eur J Neurol* 2009;16(9):968-981.
2. Marmura M, et al. *Headache* 2015;55(1)3-20.
3. Oskoui M, et al. *Neurology* 2019;93(11):487-499.
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21. Cameron C, et al. *Headache* 2015;55(4):221-235.
22. Silver S, et al. *J Paediatr Child Health* 2008;44(1-2):3-9.
23. Wenzel R, et al. *Pharmacotherapy* 2003;23(4):494-505.

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up





What are the pharmacological options for TTH?

Combination therapy in TTH.

Compared to monotherapy, combinations of the following showed significantly improved efficacy with favourable tolerability in the vast majority of patients with TTH except for patients with CVD:²⁴

- > Paracetamol + caffeine.
- > Ibuprofen + caffeine.

The German and Italian guidelines recommend:

- > Paracetamol + caffeine as first-line or Level I.
- > Ibuprofen + caffeine is recommended as Level II by Italian (SISC) guideline only.



★★★

**Based on robust evidence
15 guidelines &
6 systemic reviews.¹⁻²³**

International Headache Society
The European Federation
of Neurological Societies
The American Headache Society
Canadian Headache Society

Primary efficacy parameter assessment
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CVD, cardiovascular disease; SISC, Società Italiana per lo Studio delle Cefalee; TTH, tension-type headache.

[View references >](#)

Presentation



History



Clinical
examination



Differential
diagnosis

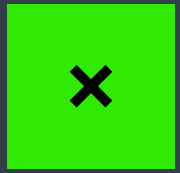


Treatment plan



Follow-up





References

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Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up



#ListenToPain

Treatment
plan



What is the most suitable medicine for Gregory?

Gregory's risk profile includes:

Existing comorbidities - CVD (HYPERTENSION)

Click an option to select your answer.

APAP, n-acetyl-para-aminophenol; CVD, cardiovascular disease.

PARACETAMOL
/APAP

PARACETAMOL
/APAP + CAFFEINE

IBUPROFEN

IBUPROFEN +
CAFFEINE

HALEON



Presentation



History



Clinical
examination



Differential
diagnosis



Treatment plan



Follow-up



Treatment
plan



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PARACETAMOL
/APAP

×

PARACETAMOL
/APAP + CAFFEINE

IBUPROFEN

IBUPROFEN +
CAFFEINE



Presentation



History



Clinical
examination



Differential
diagnosis



Treatment plan



Follow-up





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PARACETAMOL /APAP

PARACETAMOL /APAP + CAFFEINE

× IBUPROFEN

IBUPROFEN + CAFFEINE



Treatment plan



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PARACETAMOL /APAP

PARACETAMOL /APAP + CAFFEINE

IBUPROFEN



IBUPROFEN + CAFFEINE



Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up





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APAP, n-acetyl-para-aminophenol; CVD, cardiovascular disease.

- ✓ PARACETAMOL /APAP
- PARACETAMOL /APAP + CAFFEINE
- IBUPROFEN
- IBUPROFEN + CAFFEINE



#ListenToPain

Follow-up



What should Gregory's follow-up management be?

Click an option to select your answer.

RECOGNISING TRIGGERS

LIFESTYLE MODIFICATIONS

ALTERNATE THERAPIES

ALL OF THE ABOVE

HALEON



Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Follow-up



#ListenToPain

Follow-up



What should Gregory's follow-up management be?

Click an option to select your answer.



RECOGNISING TRIGGERS

LIFESTYLE MODIFICATIONS

ALTERNATE THERAPIES

ALL OF THE ABOVE

HALEON



Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



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Follow-up





Based on this case study, how comfortable are you in making recommendations to patients like Gregory?

Click an option to select your answer.

Very comfortable

Comfortable

Uncomfortable

Very uncomfortable





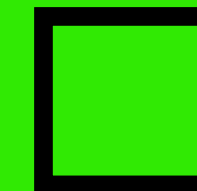
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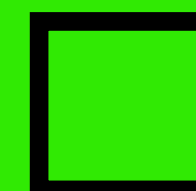
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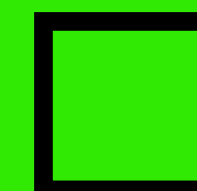
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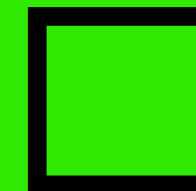




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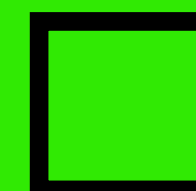
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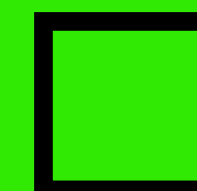
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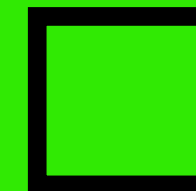




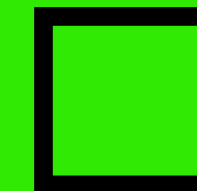
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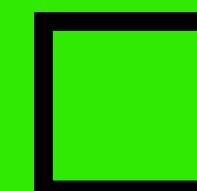
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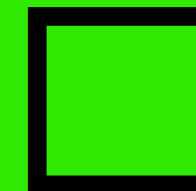




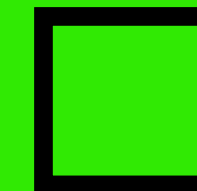
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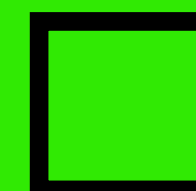
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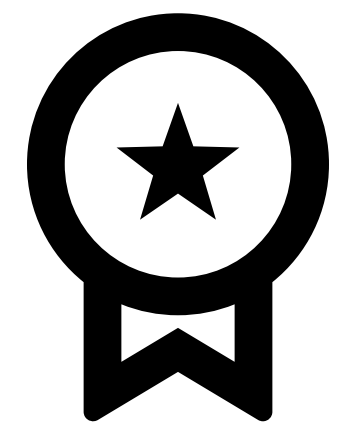
Certificate

This is to certify that

Dr. _____

has completed the course:
Patient Case Study.

Headache



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