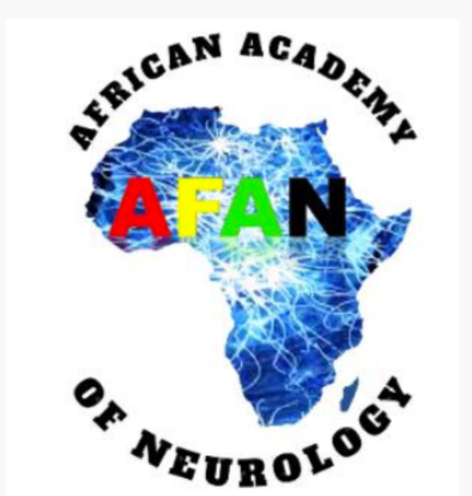

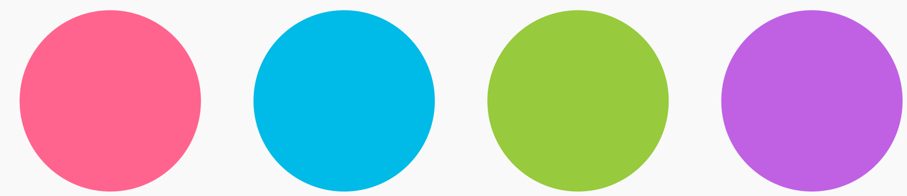

Primary headache in adults

Ghana 2019 RTC

David García Azorín

Headache Unit, Valladolid University Hospital, Spain

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

David García-Azorín

Headache Unit, *Valladolid, Spain*

Neurologist

Headache Fellowship

PhD Candidate

Master of Headache Disorders

Master of Tropical Neurology

EAN, RRFS Residents and Research Fellow Section, Teaching Course Sub-committee.

International Headache Society Juniors Group. Fellow of the European Headache Federation.

Chair of the Neuropharmacology and Neurotoxicology Study Group of Spanish Society of Neurology

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Conflicts of interest

Clinical trials	Conferences	Events and meetings	Research projects	Educational Grants
Teva, Lilly, Amgen, Novartis	Teva, Novartis, Allergan, Chiesi	Teva, Allergan, Novartis	Novartis, Allergan, Spanish Society of Neurology	International Headache Society, Spanish Society of Neurology, EAN

A few anouncements

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! :)

davilink@hotmail.com

Today's Program

5 steps

1. **Introduction**

Concept of primary/secondary

2. **Diagnosis**

Pears and pitfalls in the diagnosis.

3. **Symptomatic treatment**

How to do it.

4. **Preventive treatment**

Personalised treatment.

5. **Cases and education**

Few cases to discuss.

Educational opportunities.

1
INTRODUCTION

Introductory **ideas**

Headache is a major problem

Huge prevalence.

Disabling condition.

And in some cases even mortal.

That can be dramatically improved

Proper diagnosis.

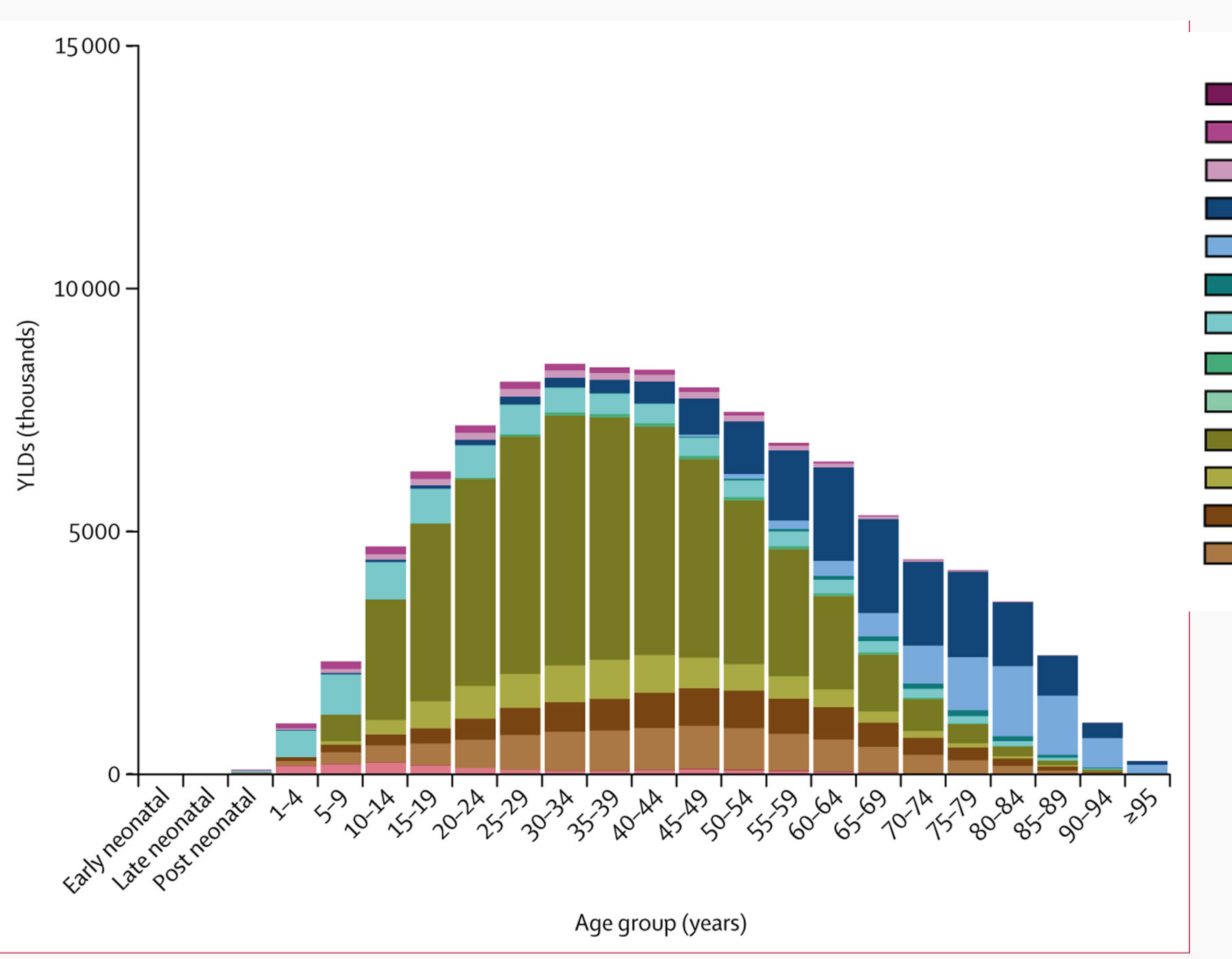
Better treatment.

Changing lives.

Headache **consequences**

Years lived with disability

Second cause of years lived with disability



GBD Neurology Collaborators. Lancet Neurol 2019;18:459-80.

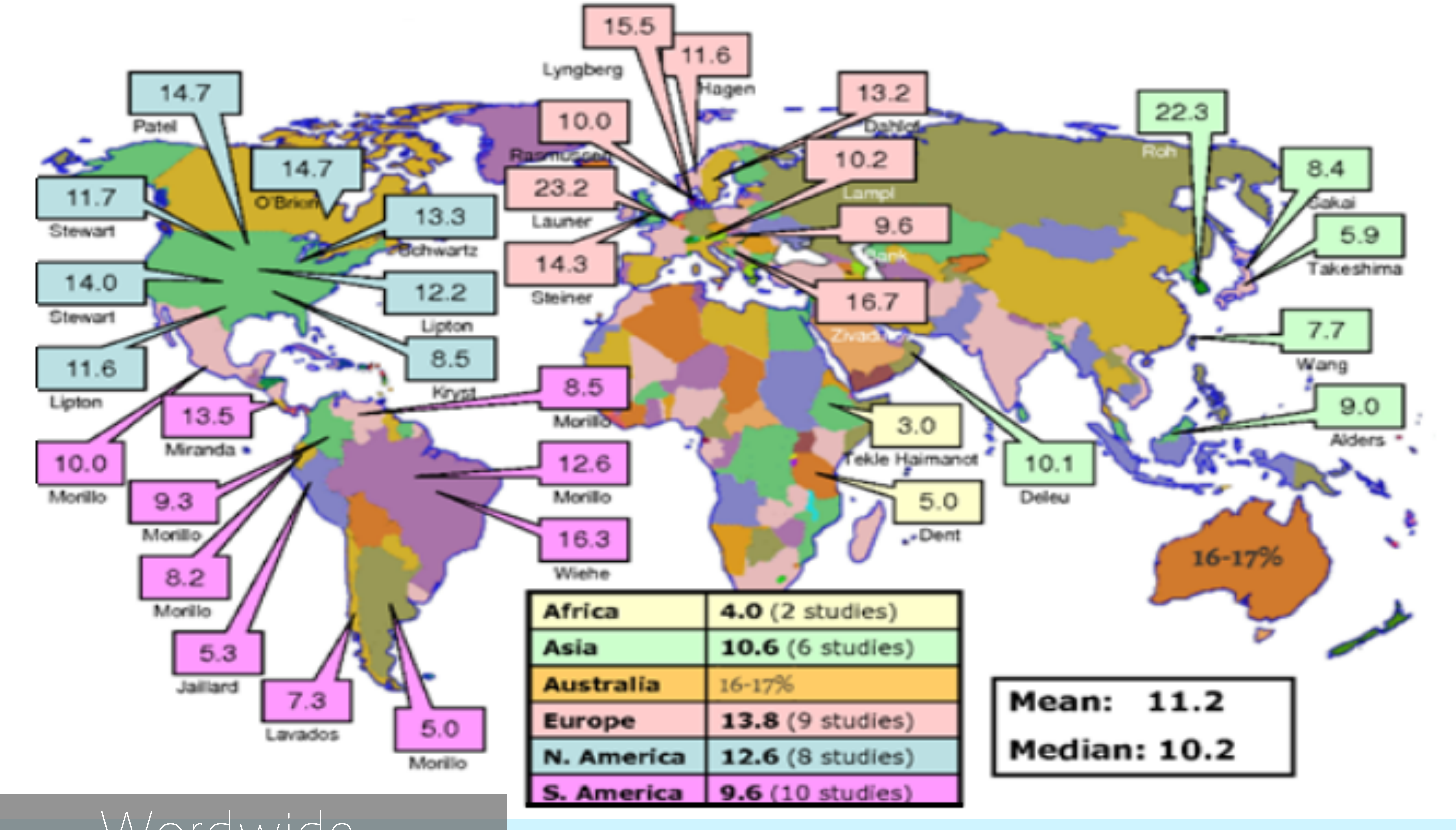
GBD Disease and Injury Incidence and prevalence collaborators. Lancet 2018;392:1789-858.

Prevalence every 100.000 people

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

Disease	Prevalence
Multiple slcerosis	30
Parkinson	94
Epilepsy	327
Alzheimer	712
Migraine	13.847

GBD Neurology Collaborators. Lancet Neurol 2019;18:459-80.



Africa	4.0 (2 studies)
Asia	10.6 (6 studies)
Australia	16-17%
Europe	13.8 (9 studies)
N. America	12.6 (8 studies)
S. America	9.6 (10 studies)

Wordwide

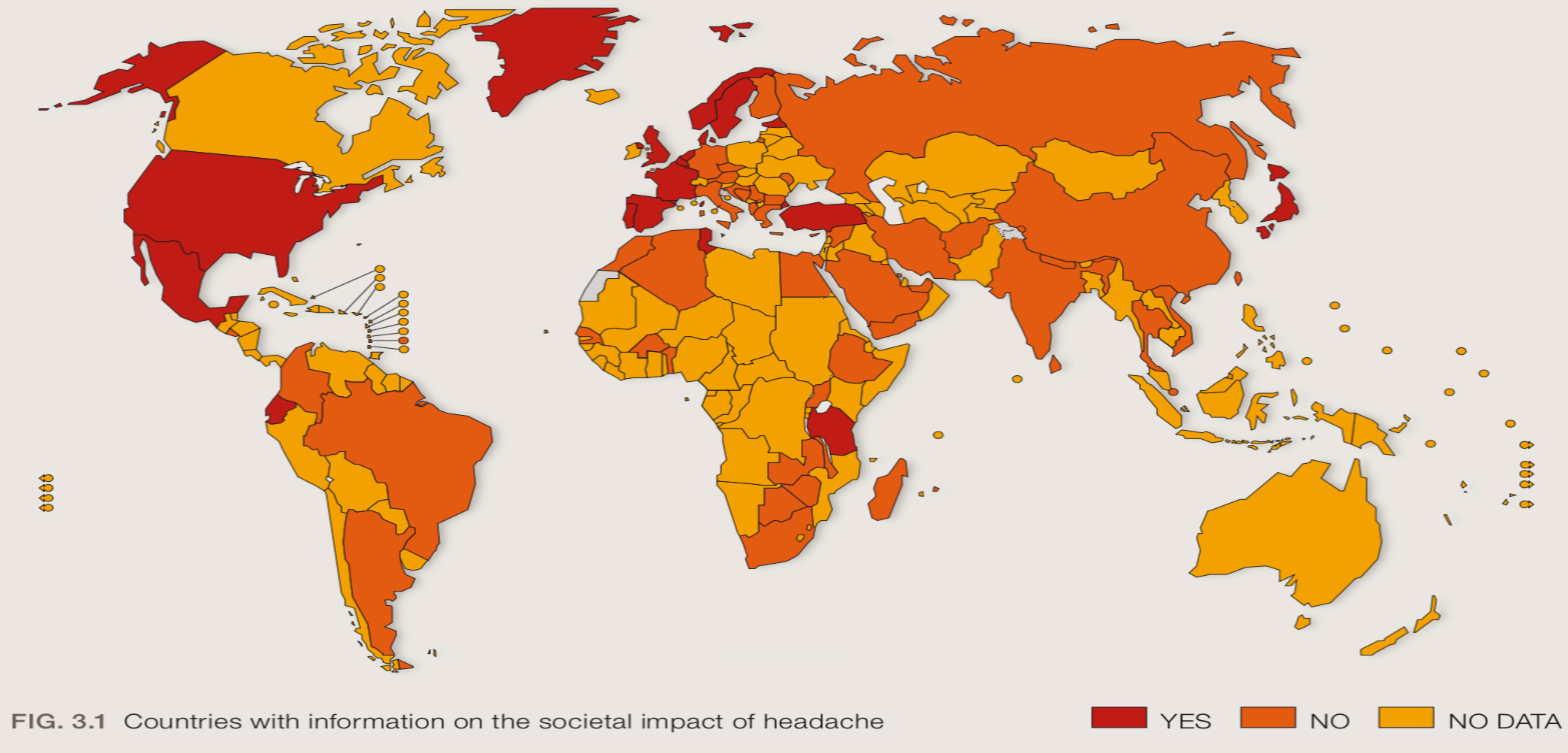


FIG. 3.1 Countries with information on the societal impact of headache

- World Health Organization. Atlas of Headache Disorders 2011.

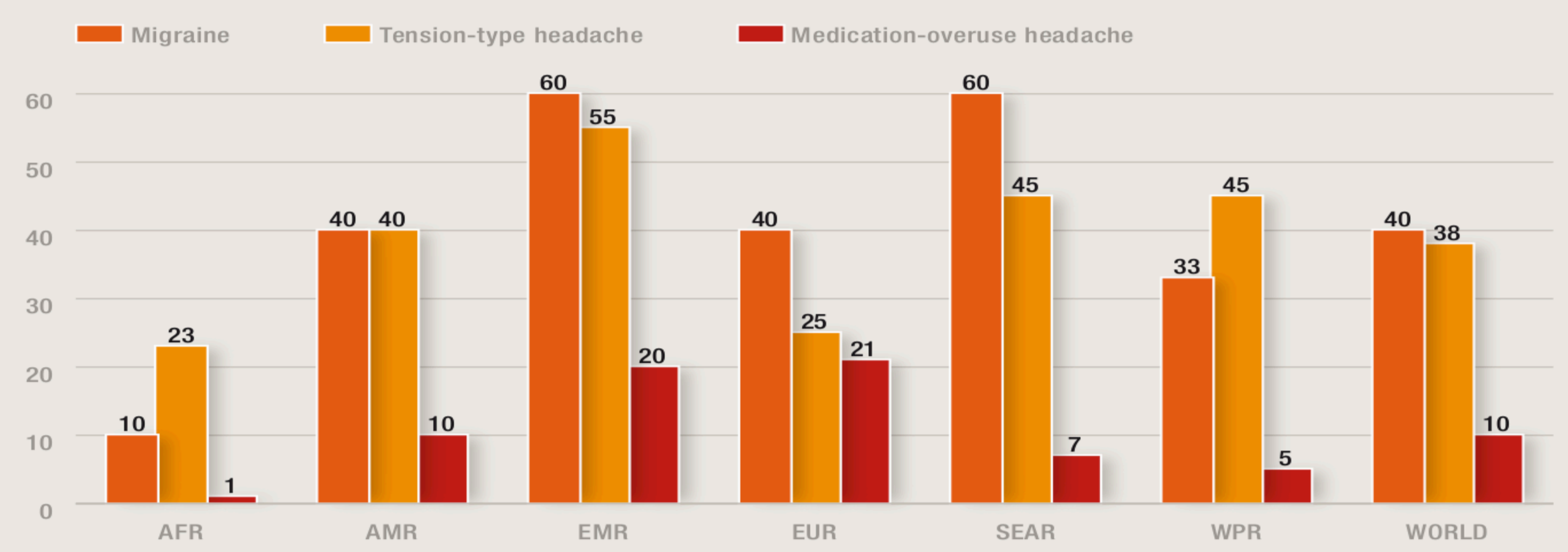


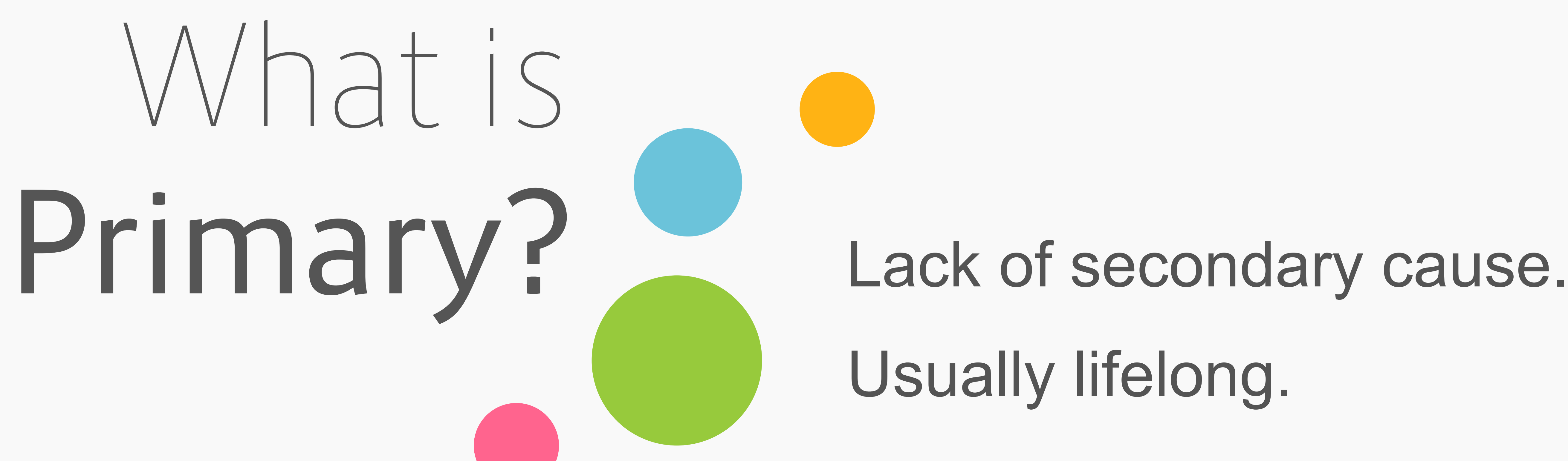
FIG. 5.1 Estimated percentages of people with specific headache disorders who have been professionally diagnosed, worldwide and by WHO region (medians of individual responses)

- World Health Organization. Atlas of Headache Disorders 2011.

Primary?

What means
primary?

What is Primary?

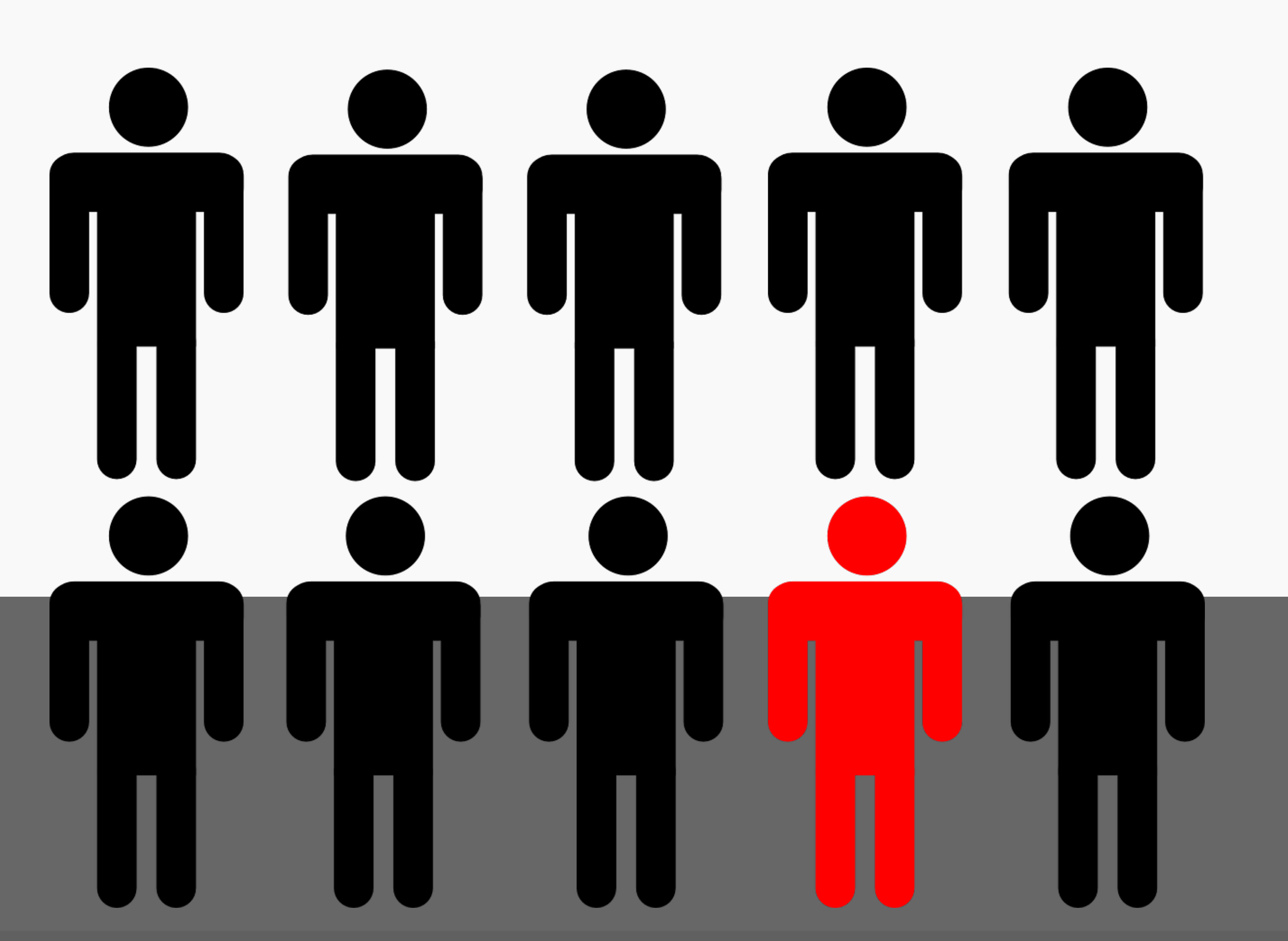


Lack of secondary cause.

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?

ISSN 0800–1952

CEPHALALGIA

An International Journal of Headache

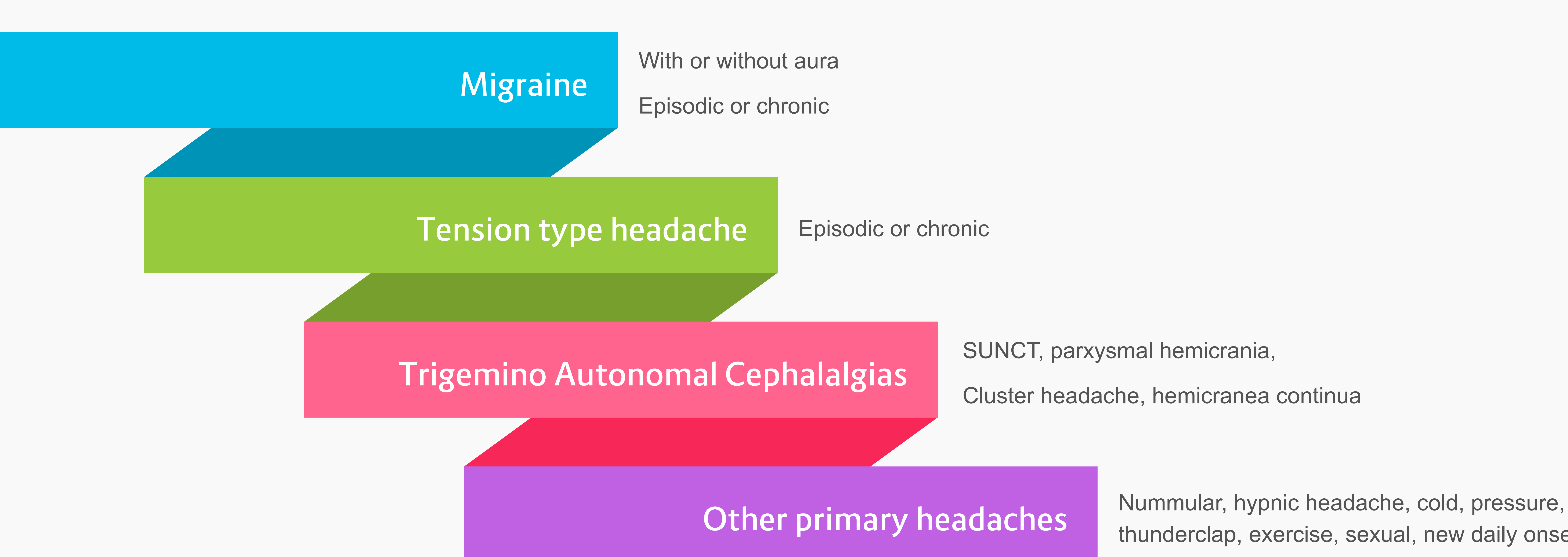
VOLUME 8, SUPPLEMENT 7, 1988

Headache Classification Committee of the
International Headache Society

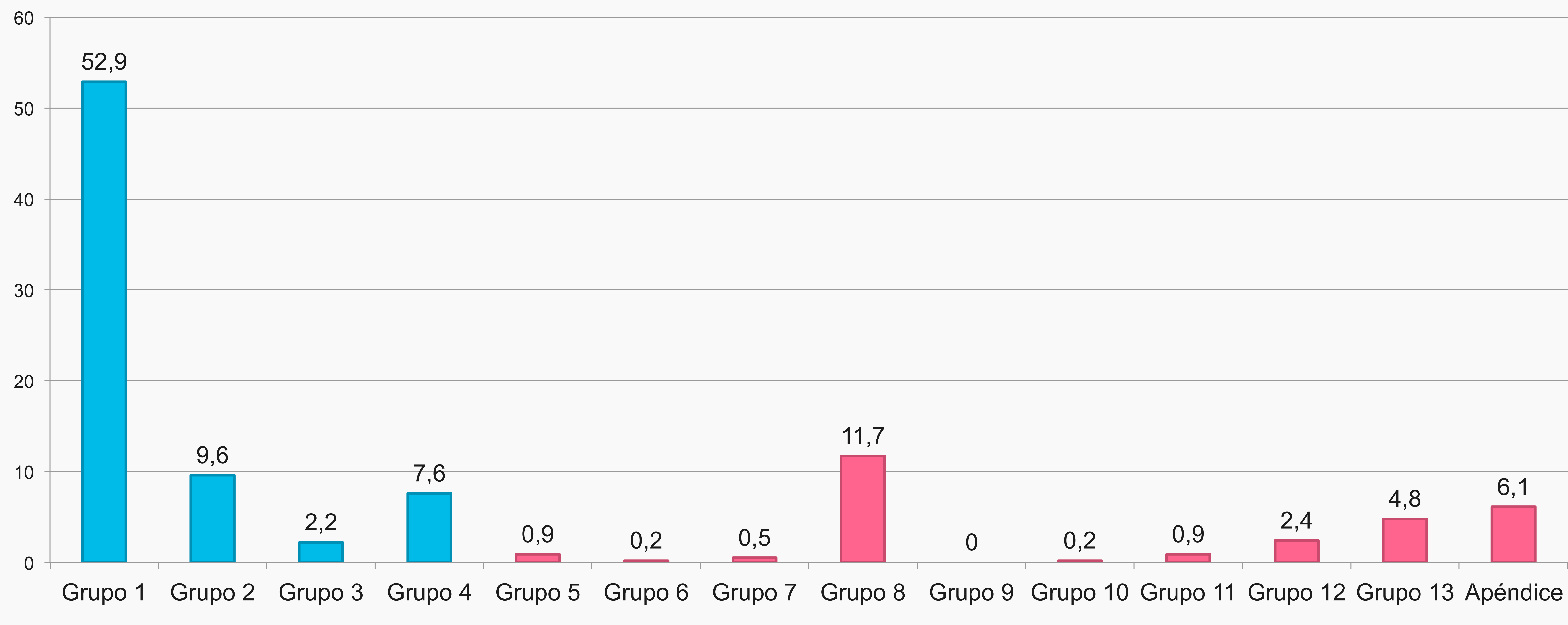
Classification and Diagnostic Criteria for Headache Disorders, Cranial Neuralgias and Facial Pain

Primary Headaches

4 groups



Primary headache distribution



But the most frequent, by far, is tension type headache.

Valladolid University Hospital registry

DIAGNOSIS

Tension-type headache

Pressing

Either photophobia or phonophobia

Mild

No nausea/vomiting

Does not avoid activity

Migraine

Pulsating

Photophobia & phonophobia

Moderate to severe

Nausea, vomiting

Difficults physical activity

Cluster headache

Any type

Trigeminal autonomal features

Worst pain

Circadian rythm

Associates restlessness

Diagnosing **Migraine**

4 clear ideas

01

Pressing

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

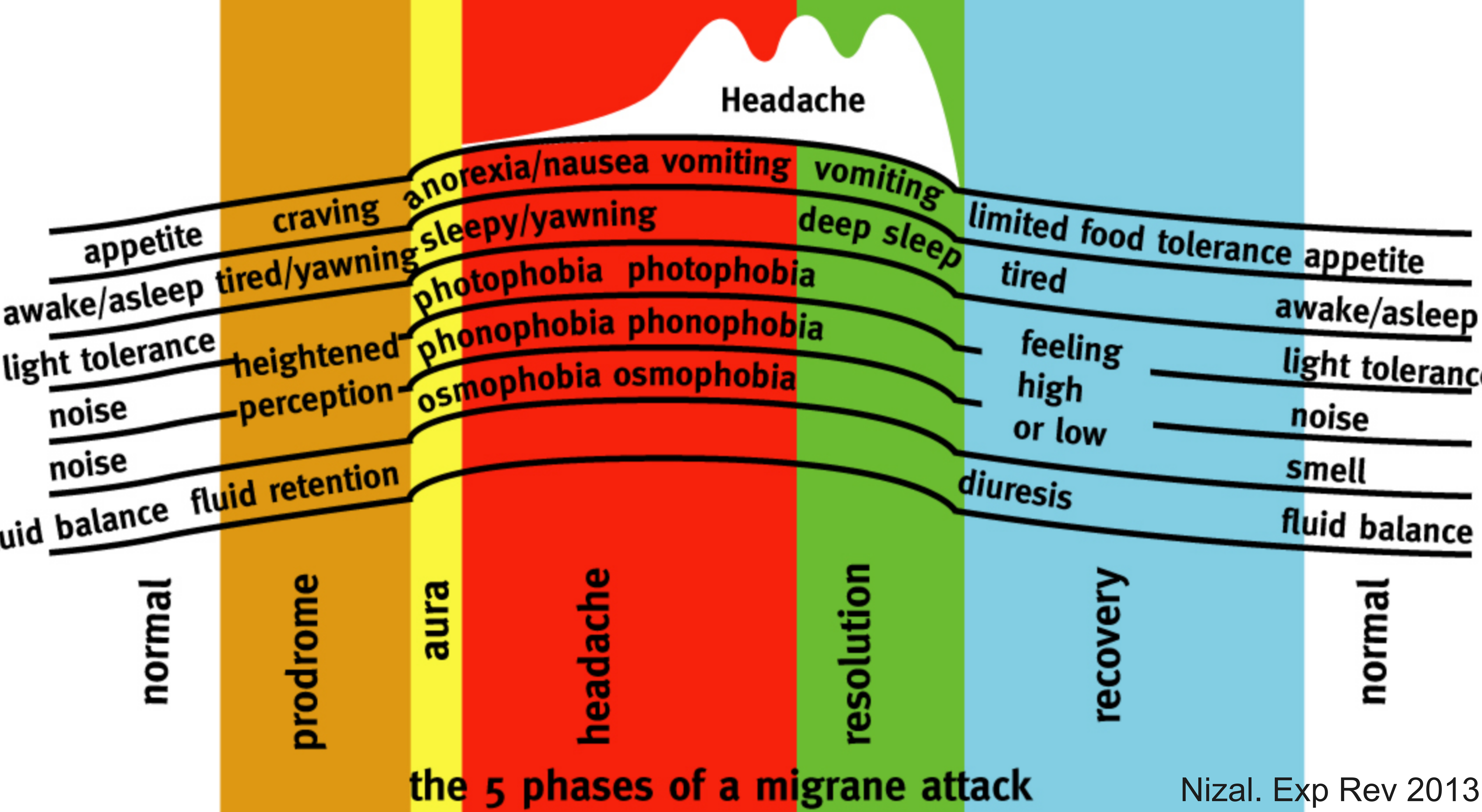
04

Worsens with

Head movements.

Light / noise exposure.

Prefer **open questions.**

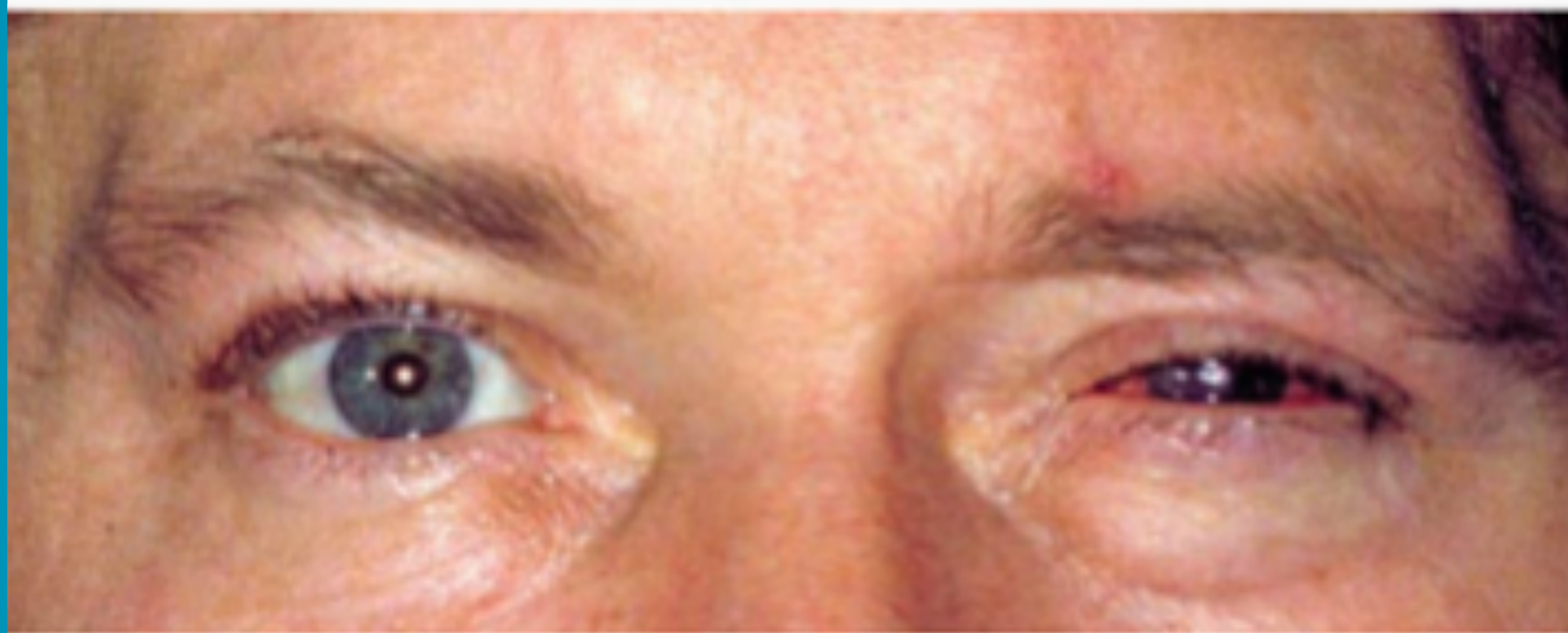


Headache
appetite
craving
anorexia/nausea vomiting
vomiting
limited food tolerance
appetite
awake/asleep
tired/yawning
sleepy/yawning
deep sleep
tired
awake/asleep
light tolerance
photophobia
photophobia
heightened
perception
phonophobia phonophobia
feeling
high
or low
light toleranc
noise
osmophobia osmophobia
noise
noise
smell
fluid retention
diuresis
luid balance
fluid balance
normal
prodrome
aura
headache
resolution
recovery
normal
the 5 phases of a migrane attack
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

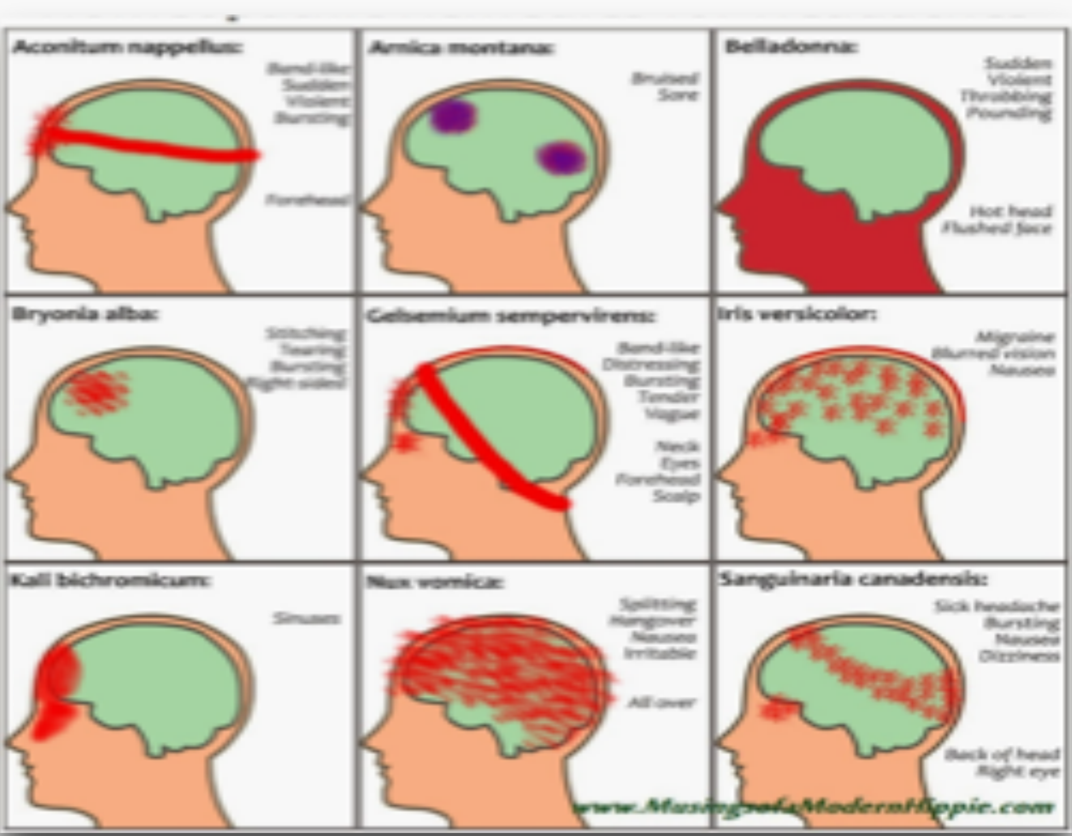
Duration is the key

01	SUNCT	1-600 **seconds**. Lamotrigine. Carbamazepine.
02	Paroxysmal hemicrania	2-30 minutes. **Indometacine**
03	Cluster headache	15-180 minutes. Verapamil
04	Hemicrania continua	Hours. **Indometacine**

Do we need **tests?**

Which complementary exams should we do?

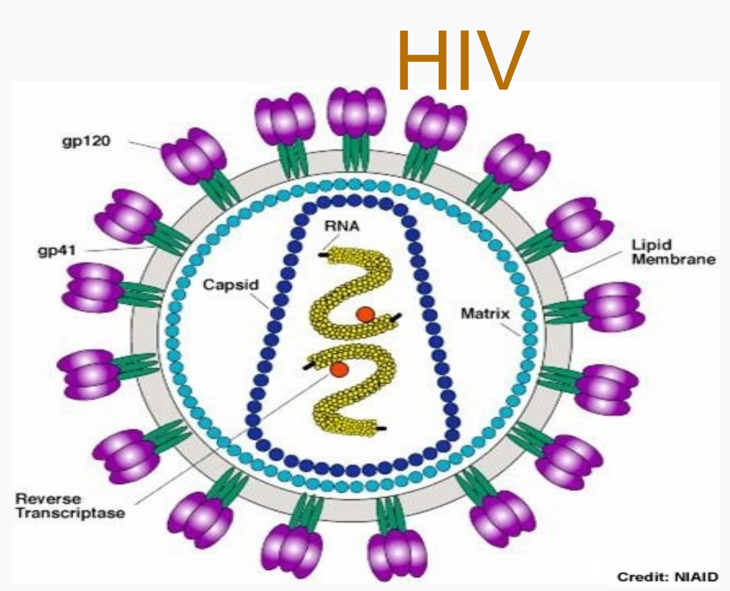
Diagnosis & Red flags



Red flags: ***Prior medical history***

Cancer

HIV



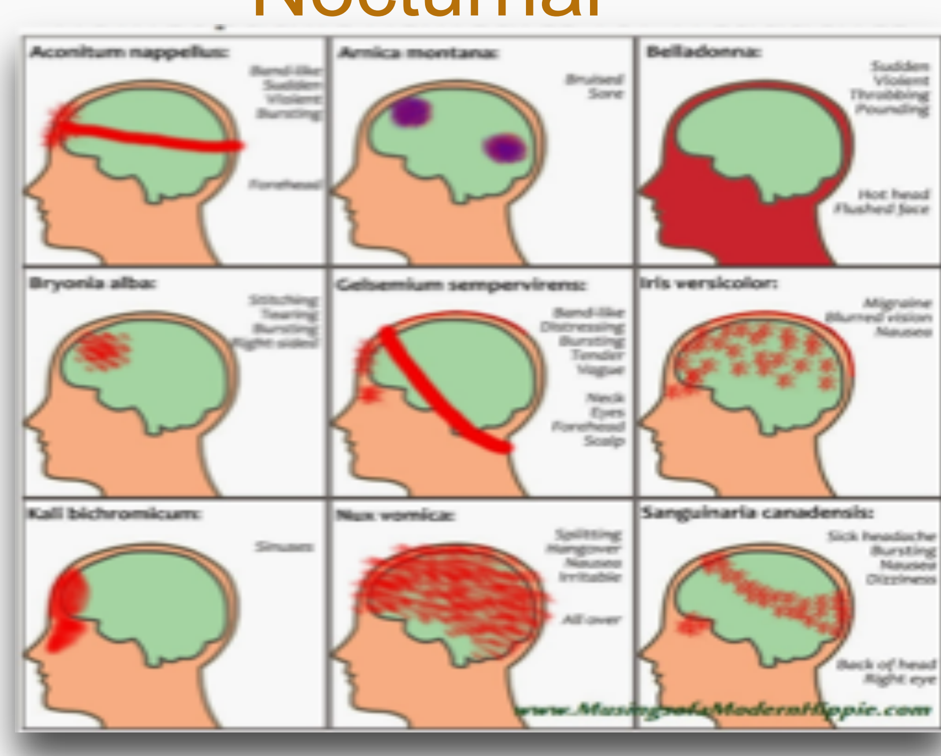
Alcohol

*Red flags: **Anamnesis***

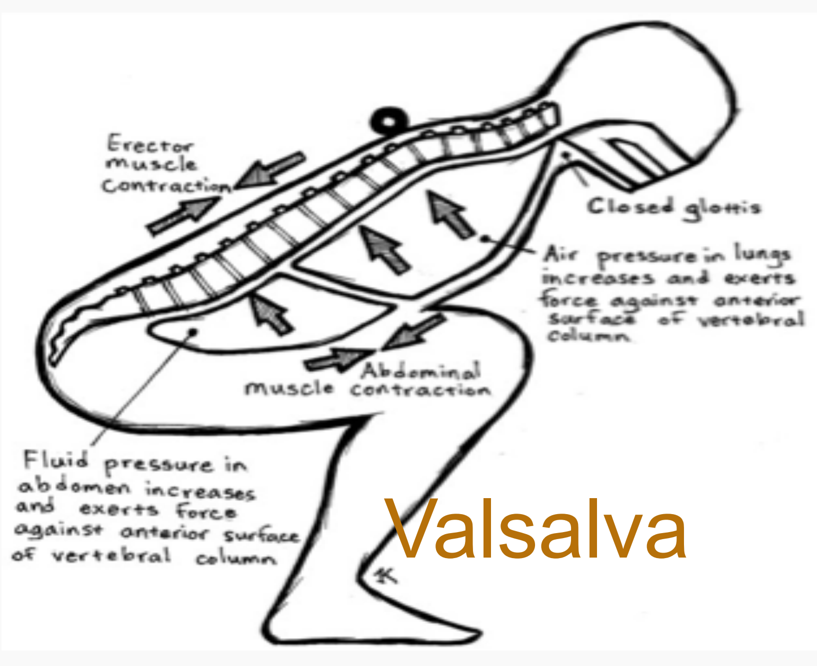
Morning

Behavioural

Nocturnal



thunderclap



Valsalva

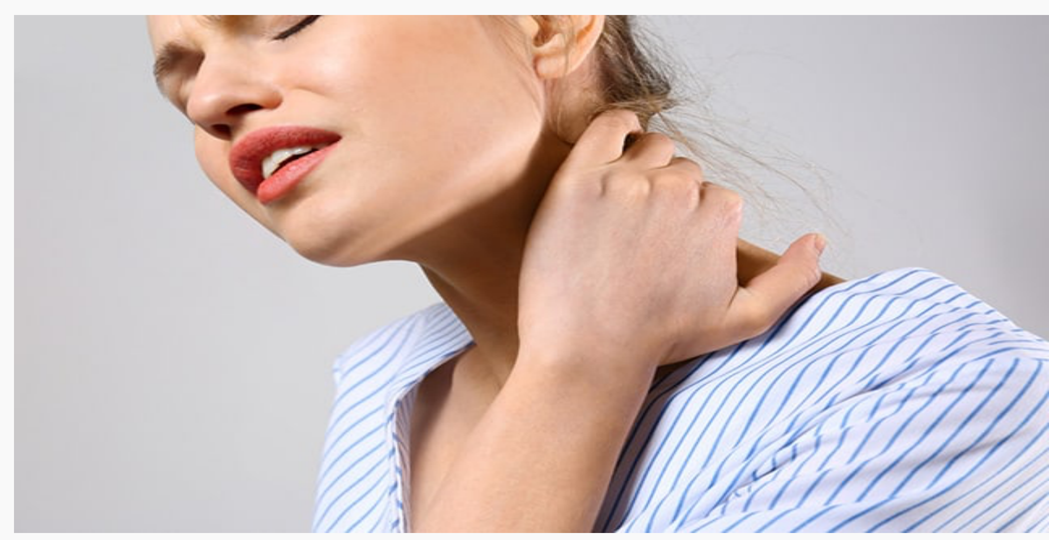
Seizures

Red flags: Examination

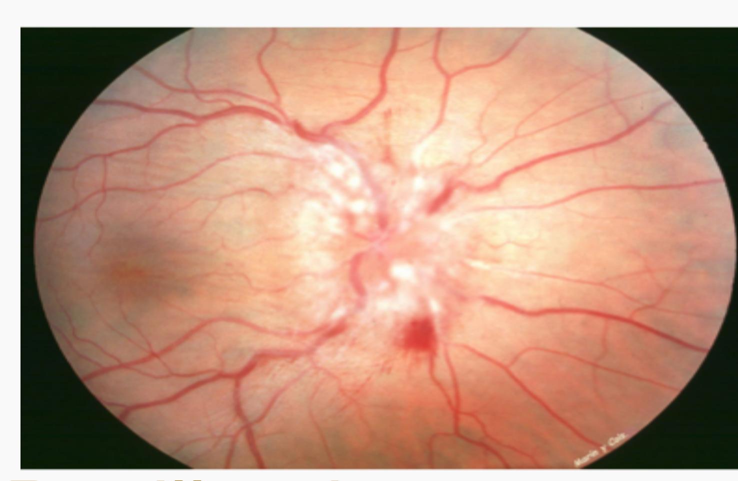
Brudzinski

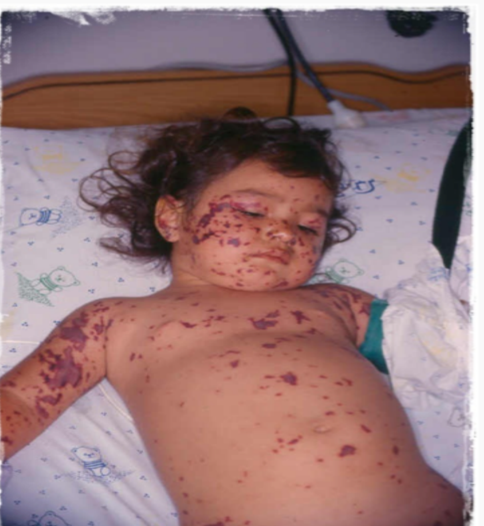
Hiperemia

Kernig



Nuchal rigidity


Papilloedema


Cutaneous abnormalities

MANAGEMENT

Steps in Management

How to aproach patients

Migraña

Education

Explanation and expectations management

Non-pharmacological treatment

Triggers. Comorbidities.

Acute medication

What and how to take.

Coadyuvant treatment

Prophylactic treatment

First choice therapy.

Adverse event anticipation

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