

Headache Diagnosis Uncertain and Referral to CT

REFER TO NEUROLOGY

Please refer patients to the Headache clinic if the diagnosis of the headache type is unclear from the table.

Please advise your patients that you are referring them to neurology for advice rather than for an appointment or a scan. We aim to vet all SCI general neurology referrals within 2 working days. Where we can give advice we will respond by letter within two weeks, and offer your patient an appointment if still required.

If we do not appoint your patient but you consider that this is still clinically indicated, please do not hesitate to contact us. Please also contact us again if the patient's presenting condition deteriorates.

If there are any concerns regarding a potential serious secondary cause for a headache that does not require urgent admission, refer to Neurology.

REFER TO GP REFERRED CT SCAN SERVICE

This should be accessed where the headache is of 3 months or more duration.

GP CT requests can be made on radiology forms and sent to the Neuroradiology Dept, SGH.

Patients should not be referred if:

- Under 18
- Over 60 and have an elevated ESR result
- Have had a headache for less than 3 months

What are the commonest causes of headaches?

The commonest causes of headache are migraine (moderate to severe headaches) & tension type headache (mild to moderate headaches). Tension type headache has a global lifetime prevalence of 42% in men and 49% in women in the general population. The global lifetime prevalence of migraine is 10% in men and 22% in women in the general population

Is the headache clinic looking for any specific information?

Clinical details about the headache particularly the duration and frequency of the symptoms are essential. Details about all the medications that have been tried for the headache are very useful (names, doses and duration of treatment) including prescribed or over the counter in the previous 3 months.

My Patient is worried they have a brain tumour. How common is this and how can it be ruled out?

If the headache is due to a brain tumour it is almost always accompanied by additional symptoms or examination abnormalities. In patients who have headaches and no abnormalities on neurological examination, the chances of finding a tumour on an MRI scan of the brain is less than the chance of finding a tumour on an MRI brain scan in a person who does not suffer from a headache.

	Asymptomatic	Chronic or recurrent headache	Migraine	Tension type headache
Tumours detected on MRI scans	4 in 250 (Vernooij, 2007)	1.75 in 250 (Tsushima, 2005)	1.5 in 250 (Wang 2001)	3.5 in 250 (Wang 2001)

What tests are patients likely to have when they attend the clinic, and what will they involve? eg CT scan.

Usually no tests are done on the day of the clinic appointment. If a scan is requested by the doctor / nurse seeing your patient then a date is sent out following the clinic.