



VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE PRIMARY CARE MANAGEMENT OF HEADACHE

Department of Veterans Affairs
Department of Defense

Patient Summary

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent Department of Veterans Affairs or TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

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I. What are headache disorders?

Headache disorders are characterized by repeated headache attacks and are among the most common disorders. There are two general types of headache: primary headaches and secondary headaches. Primary headaches are headaches that happen more than once and have unknown causes. Secondary headaches are headaches that are traced to a specific cause (like a head or neck injury), certain medications/substances, or body disorders. There are many types of headaches. We will focus on the most common.

Did You Know?

- Almost half of adults have had a headache at least once within the last year.
- Migraine is the most common type of headache that lead patients to seek medical care.
- In 2017, approximately 380,000 Veterans sought care in the Veterans Affairs system for a headache disorder.

II. What are the types of headaches?

The most common type of primary headaches are tension-type headache, migraine, and cluster headache. Three of the major secondary headaches are medication overuse headache, post-traumatic headache, and cervicogenic headache.

These headache types can either be episodic or chronic. Headaches that occur 1 – 14 days per month are referred to as “episodic.” If headaches occur 15 or more days per month, they are called “chronic.”

Your treatment may depend on how frequently you experience a headache. All headache types can be improved by having a healthy lifestyle, exercising, and not smoking.

A. Tension-type headache

Tension-type headache is the most common primary headache. Patients with tension-type headache often start getting them during their teenage years. Tension-type headache is usually not very severe and does not get in the way of everyday activity. It is also slightly more common in women than men, may be associated with neck pain, and can feel like pressure or tightness, often like a band around the head (sometimes spreading into or from the neck).

Episodic tension-type headache is very common. Attacks usually last a few hours but can occur for several days. Chronic tension-type headache is not very common. Chronic tension-type headache can feel endless and is much more painful than episodic tension-type headache. Tension-type headache usually responds well to over-the-counter pain medications.

Tension-type headache treatment options

- Medications to stop a tension-type headache:
 - ◆ Acetaminophen
 - ◆ Ibuprofen
- Medications and lifestyle changes to keep a tension-type headache from happening:
 - ◆ Mindfulness-based therapies
 - ◆ Aerobic exercise or progressive strength training

- ◆ Physical therapy
- ◆ Muscle relaxers like tizanidine
- ◆ Antidepressants like amitriptyline/nortriptyline, mirtazapine, or venlafaxine
- ◆ Antiseizure medications like topiramate or gabapentin

B. Migraine

Migraine usually begins during puberty and is more common in women. It is caused by the release of chemicals in the brain and around the brain's blood vessels that cause inflammation and pain. Migraine may occur every week or even more often. Some patients experience migraine their whole life. Migraines are generally moderate to severe in intensity and may feel like throbbing on one side of the head.

Migraines can be worsened by physical activity and can last a few hours or several days. In addition to headache, patients with migraine often experience nausea and sensitivity to light and sound. Prescription medications are available to treat migraine when over-the-counter pain medications do not work.

Migraine treatment options

- Medications to stop a migraine:
 - ◆ Over-the-counter agents:
 - Ibuprofen
 - Naproxen
 - Aspirin
 - Combination medications containing aspirin, acetaminophen, and caffeine (brand names include Excedrin Migraine®, BC powder, and Goody's powder, but generics are also available)
 - Acetaminophen
 - ◆ Prescription agents:
 - Medications called triptans that include: sumatriptan, rizatriptan, zolmitriptan, and eletriptan
 - Newer treatment agents called ditans and CGRP inhibitors
- Medications and lifestyle changes to keep a migraine from happening:
 - ◆ Mindfulness-based therapies
 - ◆ Aerobic exercise or progressive strength training
 - ◆ Dietary trigger avoidance
 - ◆ Your provider may recommend over-the-counter vitamins or supplements
 - ◆ Blood pressure medications
 - ◆ Antiseizure medications
 - ◆ Antidepressant medications

- ◆ Monthly or quarterly injection therapies:
 - Calcitonin gene-related peptide inhibitors (erenumab, fremanezumab, and galcanezumab) – injected by the patient at home
 - Botox injections – injected by a medical provider every 12 weeks
 - Occipital nerve injections – injected by a medical provider as needed or on a set schedule

C. Cluster headache

Cluster headache is very rare and affects men more often than women. It typically occurs in people over the age of 20. A cluster headache is typically a short but intense headache that can occur many times in one day. You often feel severe pain focused around one eye, you get a runny or blocked nose on the side of the headache, or your eyelid droops during headache (even though it appears normal other times). Cluster headache also has episodic and chronic forms.

Cluster headache treatment options

- Medications to stop a cluster headache:
 - ◆ Triptan medications provided by injection or nasal routes
 - ◆ Oxygen
 - ◆ Non-invasive vagus nerve stimulation
- Medications and devices to keep a cluster headache from happening:
 - ◆ Verapamil
 - ◆ Topiramate
 - ◆ Corticosteroids
 - ◆ Lithium
 - ◆ Greater occipital nerve blocks
 - ◆ Galcanezumab

D. Medication overuse headache

Medication overuse headache is the most common secondary headache and is more common in women than in men. They occur when someone uses too many medications to treat any type of headache. Medication overuse headaches can be a general daily headache and are often most intense after waking up.

Medication overuse headache symptoms include nausea, restlessness, difficulty concentrating, memory problems, and irritability. Medication use may improve the current headache, but frequent or daily use of medications will lead to an overall increase in the frequency and severity of headaches. Unless the amount of medications is decreased and eventually stopped, the cycle of medication overuse headache will continue. If you are taking pain medications more than two days per week and experience many headaches, discuss medication overuse headache with your healthcare provider. You should work with

your doctor to figure out if the medication(s) you are taking causes your headaches. Talk with your provider to see if you have other things that increase your risk of developing medication overuse headache.

Medication overuse headache treatment options

- Less use of effective headache medications, rather than general pain medications

E. Post-traumatic headache

Post-traumatic headache is the second most common secondary headache. It typically occurs within seven days of a concussion/traumatic brain injury. Women and those with a family history of migraine are at a higher risk for post-traumatic headache. While post-traumatic headache will go away in a month for many patients, it may last longer in others.

Post-traumatic headache can be similar to a migraine or a tension-type headache. It can be one of the most common complaints after a mild traumatic brain injury. Treatment is often guided by the symptoms you experience during the headache.

Post-traumatic headache treatment options

- Most often a post-traumatic headache is treated like the primary headache it most closely resembles. For example, a post-traumatic headache that has symptoms like a tension-type headache will be treated with medications that are effective for tension-type headache.
- Healthy lifestyle
- Physical therapy
- Medical devices
- Cognitive behavioral therapy

F. Cervicogenic headache

Cervicogenic headache is associated with neck pain, neck pain following a trauma like a car accident or concussion, or related to posture and strain on the neck muscles over time. Cervicogenic headache is often treated with education, exercise, and physical therapy.

Cervicogenic headache treatment options

- Education
- Exercise
- Physical therapy
- Greater occipital nerve blocks

III. Headache management

Treatment strategies for people with headaches often fall into two main categories:

1. Abortive treatment – things you do to immediately stop a headache
2. Preventive treatment – things you do to keep headaches from happening

There are many treatment options within these two categories, including medications, non-medication options, and self-management approaches.

A. What are my options?

There are many treatment options for patients who experience headache. There are many different types of treatments for headache including pills, injections, and non-medication interventions. It is important to share with your healthcare provider how headache affects your life and the life of those around you. Your healthcare provider may ask you to write down when your headaches happen in a “diary” to help understand the headache disorder better. This may help you to work with your healthcare team to develop goals for your headache treatment. A combination of medication and non-medication treatments may be the most effective for you. Work with your healthcare team to create a treatment plan that is personalized to fit your needs, preferences, and circumstances.

B. Abortive and preventive treatments and when to take them

Some headache treatments are called abortive, meaning you use them to stop a headache attack when you have one. These can be pills, injections you give yourself, dissolvable tablets, or nasal sprays. It is best to use these treatments as soon as the headache begins. Don’t “wait out” the headache. The longer you wait, the less the treatment may help your headache.

Preventive treatments are those that you take on a regular schedule – sometimes daily, sometimes monthly, sometimes once every few months – to reduce how often you get headaches and to decrease the severity of symptoms if you do get a headache. Your provider may consider a preventive treatment if you have frequent headaches that are disabling and affect your work, family, or social activities.

Sometimes preventive treatments for headache can also treat other problems you may have. For example, some high blood pressure medications can effectively treat headache. This is something you should discuss with your healthcare provider to reduce the number of medications you are taking and manage your overall health. Open and honest communication with your healthcare team is needed for the successful management of headache.

C. When headaches could be something more serious

Apart from sharing your thoughts about different types of treatment, it is important to share with your healthcare provider the concerns you may have about your headache, as they may prompt you and your provider to pursue other testing.

If you have any of the “red flags” listed below, you should contact your healthcare provider.

Red flags for headache:

- Long lasting headaches
- Older than 50 getting new headaches for the first time
- A headache that never goes away
- Weakened immune system and getting headaches
- Have fevers, chills, sweating at night, and a new headache
- Headaches that happen when you exert yourself, or even if you cough or sneeze
- Headaches that wake you up at night
- Headaches that happen when you move your position (like going from laying down to standing up)
- A new headache after a head injury
- A headache that happens with a fever, rash, weight-loss, neck stiffness, confusion, speaking problems, vision problems, weakness, or dizziness
- A sudden headache that quickly becomes severe
- A headache that is different from your usual headaches or is not fixed by your usual treatments

IV. Questions to ask your care team

- How do I know what type of headache I have?
- What are my treatment options for the type of headache I have?
- I would prefer to not take medications if I don’t need to; what other treatments are available?
- What can I do on my own to manage my headache?
- When should I contact a healthcare provider about my headache?
- Could changes in my diet help my headache?
- Do I need an MRI, CT scan, or another sort of imaging to help diagnose my headaches?