

3.2 HEADACHE EVALUATION

TITLE	DESCRIPTION			
DEFINITION:	Headaches are very common in women throughout the lifespan. There are several classifications of headaches, the 3 most common being tension headaches, cluster headaches and migraine (with or without aura). Migraine with aura is characterized by focal neurological symptoms that typically precede, or sometimes accompany, the headache.			
		TENSION	MIGRAINE	CLUSTER
Characteristics of pain	Dull & pressure like. May produce feeling of pressure similar to sensation caused by placement of a vice or tight band on the head and/or neck.	Deep, throbbing & pulsating		Stabbing
Gender predominance	More common in females	More common in females		More common in males
Sensitivity to light or sound	Rare	Typical. May see spots or flashing lights or temporary loss of vision.		Rare
Runny nose and red, watery eyes	Absent	Rare		Present
Location of pain	Pain is typically generalized, with areas of more intense pain in the scalp, forehead, temples or the back of the neck. Usually bilateral.	Deep stabbing pain around the temple, behind the eye or ear. Can be unilateral or bilateral.		Pain located near the eye on affected side. Usually unilateral.
Severity of pain	Mild to moderate in severity	Ranging from moderate to quite severe		Very severe
Time of onset	Pain develops gradually, fluctuates in severity and then can remain for several days	Long, headache gradually peaks in around 4-24 hours		Short; headaches peak within 45 minutes
Triggers	Stress	Bright lights, loud noises, changes in sleep patterns, exposure to smoke or strong odors, skipping meals, hormone changes during menses, etc.		Nitroglycerin (glyceryl trinitrate), hydrocarbons (petroleum solvents, perfume), ETOH, napping, etc.
Prodromal aura BEFORE headache	Absent	Present occurring 10 to 30 minutes before headache		Absent
Nausea or vomiting	Rare	Common		Rare

TITLE	DESCRIPTION
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> Client description of headache including onset, location, duration, aggravating factors, related conditions, and types of treatments tried. <p>Should Exclude:</p> <ol style="list-style-type: none"> Any prodromal neurologic symptoms consistent with migraine with aura. Severe headaches indicating potentially life threatening conditions. Symptoms may include drowsiness, severe nausea or vomiting, fever, speech or vision problems, and memory loss or confusion. Neurologic signs consistent with stroke (changes in vision, paresthesia, focal weakness).
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> Exam of cranial nerves II-XII. <p>Should Exclude:</p> <ol style="list-style-type: none"> Elevated blood pressure. Diagnostic criteria for migraines. Neurologic signs consistent with stroke (changes in vision, paresthesia, focal weakness). Prolonged headaches (>48 hours).
LABORATORY:	None needed.
ASSESSMENT:	Headaches (non-migraine).
PLAN:	<ol style="list-style-type: none"> Clients with history of tension headaches may be treated with OTC NSAIDS. Do not exceed maximum daily dose (e.g. Acetaminophen 4,000 mg, Ibuprofen 3,200 mg, Naproxen 1,000 mg, Aspirin 1,000 mg). Menstrual migraines or headaches may improve with a shortened hormone-free interval or extended regimen of combined contraception or a progestin-only contraception method that induces amenorrhea. If use of anticonvulsants for headache treatment, LARC methods should be encouraged for women needing contraception. Migraine with aura is considered a Category 4 classification, with a threefold increased risk for ischemic stroke compared with nonuse and should not be prescribed for these clients.
EDUCATION:	<ol style="list-style-type: none"> Ask client to keep a calendar of menses and headaches to learn pattern of headaches. Assist client in identifying potential headache triggers (e.g. chocolate, alcohol, caffeine, aged cheeses, nitrites, MSG, yogurt, buttermilk, sour cream, figs, raisins, avocados, yeast bread, doughnuts or other pastries). Encourage following a regular daily routine (e.g. eat meals at regular hours, do not skip meals, drink adequate fluids, have consistent bedtime and waking times). Palliative measures for headache relief include: <ol style="list-style-type: none"> Using heat or ice pack on head or neck. Taking a hot shower. Drinking a 20 oz. sports drink at the onset of a headache.

TITLE	DESCRIPTION
	<p>d. Caffeine will potentiate the action of NSAIDS and may be taken with NSAIDS.</p> <ol style="list-style-type: none"> 5. Take time away from things that are stressful (anything from taking a brief walk to taking a vacation). 6. Get regular exercise of all types. Work up to exercising for 30 to 60 minutes, 4 to 6 times a week. Yoga, meditation and relaxation therapy can also relieve headaches. 7. Some clients try alternative therapies (such as acupuncture or chiropractic treatments) for headache relief. 8. Rebound headaches, also known as medication-overuse headache may happen every day or almost every day and are caused by using too much pain medicine. Rebound headaches usually begin early in the morning; the pain can be different each day. People who have rebound headaches also may have nausea, anxiety, irritability, depression or problems sleeping.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Immediate referral to nearest ER for all headaches indicating potential life threatening illnesses as outlined above. 2. Refer to PCP any client who has increasing headaches not relieved by OTC medications or lifestyle changes.
REFERENCES:	<ol style="list-style-type: none"> 1. International Classification of Headache Disorders (http://www.ihs-headache.org/ichd-guidelines) (Retrieved 2/9/2017). 2. Headaches (https://familydoctor.org/condition/headaches/) (Retrieved 2/9/2017). 3. Food Triggers for Migraines (www.webmd.com/migraines-headaches/guide/food-related-headaches). (Retrieved 2/9/2017). 4. Guidance for Industry Migraine: Developing Drugs for Acute Treatment. (https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm419465.pdf). (Retrieved 2/9/2017).