

# The Cost-Effective Evaluation of Uncomplicated Headache



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## KEYWORDS

- Uncomplicated headache • Primary headache • Secondary headache
- Cost-effective

## KEY POINTS

- Headache is a common ailment in the general population.
- Using the mnemonic SSNOOP can help identify red-flag features.
- If a red flag exists, workup will be focused on that particular sign or symptom.
- In the case of a primary or uncomplicated headache, no head imaging is warranted.

## INTRODUCTION

Primary headache is head pain that is not attributable to an underlying etiology known to cause headaches and is considered somewhat a diagnosis of exclusion. The lifetime prevalence of headaches is 93% for men and 99% for women.<sup>1</sup> Head pain results in more than 4 million visits to the emergency room annually and accounts for 12 million visits to outpatient offices.<sup>2</sup> The direct health care costs of migraines, one subset of primary headaches, is estimated at \$1 billion annually, whereas the indirect costs due to missed work days and missed function nears \$13 billion annually.<sup>3</sup> It is estimated that there is \$146 to \$211 million spent annually on imaging for headaches.<sup>4</sup> Therefore, an evidence-based, cost-effective approach to the evaluation of patients presenting with a chief complaint of headache can have a significant impact on the annual cost of care.

## PATHOPHYSIOLOGY AND CLASSIFICATION

The true pathophysiology of primary headaches is not well understood, but, by definition, is not attributable to an underlying disorder. The long-held belief that migraines were due to vascular dilation has sufficiently been disproved<sup>5</sup> and current research

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indicates a neurologic mechanism. In contrast, secondary headaches are due to an underlying etiology, so the mechanism through which they cause pain is dependent on that comorbidity. The International Headache Society (IHS) is the primary entity responsible for classification of headaches, and the most recent classification system is the International Classification of Headache Disorders, 2nd Edition (ICHD-2), although the International Classification of Headache Disorders, 3rd Edition beta (ICHD-III beta) is currently in progress.

Primary, or uncomplicated, headaches represent most headaches and primarily consist of migraine and tension headaches. Diagnosis is based on a constellation of symptoms elicited from the patient history, while simultaneously ruling out a secondary cause is also imperative. Combined, migraine and tension headaches comprise 90% of primary headache types. Migraine headaches affect approximately 18.2% of women and 6.5% of men,<sup>6</sup> with an overall 11.7% 1-year prevalence (17.1% for women and 5.6% for men).<sup>7</sup> Tension headaches have a lifetime prevalence of 88% of women and 69% of men.<sup>1</sup>

Migraine headaches are likely less prevalent than tension headaches in the population, but present more to the health care system for evaluation. They can occur with or without an aura. The following are criteria for migraine without aura<sup>8</sup>:

- A. At least 5 attacks fulfilling criteria B to D
- B. Headache attacks lasting 4 to 72 hours (untreated or unsuccessfully treated)
- C. Headache has at least 2 of the following characteristics:
  - a. Unilateral location
  - b. Pulsating quality
  - c. Moderate or severe pain intensity
  - d. Aggravation by or causing avoidance of routine physical activity
- D. During headache at least 1 of the following
  - a. Nausea and/or vomiting
  - b. Photophobia and phonophobia
- E. Not attributed to another disorder

Tension-type headaches (TTH) are broken down into 4 subgroups: acute, episodic, chronic, and probable. The following are criteria for acute TTH<sup>9</sup>:

- A. At least 10 episodes occurring on less than 1 day per month on average (<12 days per year) and fulfilling criteria B to D
- B. Headache lasting from 30 minutes to 7 days
- C. Headache has at least 2 of the following characteristics:
  - a. Bilateral location
  - b. Pressing/tightening (nonpulsating) quality
  - c. Mild or moderate intensity
  - d. Not aggravated by routine physical activity
- D. Both of the following:
  - a. No nausea or vomiting (anorexia may occur)
  - b. No more than 1 of photophobia or phonophobia
- E. Not attributed to another disorder

There are several variations of migraine and TTHs. Furthermore, there are additional primary headache syndromes that do not fit into these categories. **Table 1** outlines the primary headache syndromes, their variations, and corresponding International Classification of Diseases, 10th Revision (ICD-10) codes.

Unfortunately, headaches are not always benign, and can be secondary to an underlying problem that can cause significant harm if the diagnosis is missed. Although there

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