

Targeted Headache History

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KEYWORDS

- Tension-type headache • Migraine with aura • Migraine without aura
- Cluster headache • Trigeminal neuralgia • Targeted headache history

KEY POINTS

- The targeted headache history is paramount in the diagnosis of headache and facial pain.
- Through placing symptoms in categories, a clear picture of the headache diagnosis will begin to emerge.
- The physical examination yields no positive findings in most patients with headache.
- Medication overuse headache is emerging as a common reason for inability to control headaches.

It has been said that if one only has 30 minutes to spend evaluating a patient with headache, 29 minutes should be spent taking a history and 1 minute should be devoted to the physical examination. The reason is that in most patients who present with headache, the diagnosis is made based on information obtained during a targeted headache history rather than from findings gleaned from the physical examination.^{1,2} The targeted headache history is crucial for enabling clinicians to sort out the myriad overlapping symptoms associated with headache into discrete groups of symptoms. Through the constellation of symptoms contained in these discrete groups, clinicians are able to paint a clear picture of what each patient's headache symptoms look like and arrive at the most likely diagnosis. Furthermore, the presence of certain symptoms within these discrete groups allows clinicians to more easily identify factors that cause concern and take immediate appropriate action (**Tables 1 and 2**).

Failure to obtain a targeted headache history can lead not only to the implementation of an ineffective treatment plan because the diagnosis is incorrect ("after all everyone knows that any bad headache is a migraine") but also, in some situations, to the failure to recognize life-threatening disease. In simplistic terms, the targeted headache history allows treating clinicians to determine sick from well when evaluating a patient with headaches. If the patient is determined in all probability to be well (ie, has no life-threatening illness), the workup and treatment plan may proceed at a more conservative pace. If, however, the targeted headache history indicates a life-threatening disease process, an aggressive course of action is indicated.

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Table 1 Overlapping symptoms of common headache and facial pain syndromes: pain						
Pain	Tension-Type	Migraine Without Aura	Migraine With Aura	Cluster	Trigeminal Neuralgia	Atypical Facial Pain
Severe		X	X	X	X	
Dull	X					X
Throbbing		X	X			
Nonthrobbing	X				X	X
Shock or jab-like				X	X	
Tightness	X					X

Before taking a targeted headache history, clinicians should remember 2 facts: (1) most headaches, although extremely painful and disruptive to the patient, are not life-threatening, and (2) tension-type headache, migraine, and medication overuse headaches constitute more than 90% of headaches encountered in clinical practice.² The implications of these facts are obvious: that life-threatening causes of headache are extremely rare, and that the frequency of headache types other than the 3 aforementioned headaches are also rare. These facts make things much easier for those caring for patients presenting with headache by really highlighting symptom groupings that fall outside the expected symptom groupings for the most common types of headache.

When taking the targeted headache history, several areas of historical information should be explored, not only to distinguish the sick patient from the well one but also to attempt to ascertain the specific diagnosis (**Box 1**).

CHRONICITY

The length of illness sets the direction of the initial history and carries much weight in determining sick patients from those who are well. Therefore, it serves as the starting point for the targeted headache history. In general, headaches that have been present for 20 to 30 years are in and of themselves not associated with progressive and life-threatening neurologic disease. This finding leads one to strongly consider the

Table 2 Overlapping symptoms of common headache and facial pain syndromes: location						
Pain	Tension-Type	Migraine Without Aura	Migraine With Aura	Cluster	Trigeminal Neuralgia	Atypical Facial Pain
Unilateral		X	X	X	X	X
Bilateral	X				Rare	
Temporal		X	X	X		
Frontal	X	X	X			
Occipital	X	X	X			
Cervical spine	X					X
Ocular				X	X	
Cheek					X	X

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