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Headache

- Investigations
  - Examination
    - Symptoms & signs of Raised ICP
      - Headache, nausea, vomiting
      - Papiloedema - swelling of optic disk
  - CT
    - Good for detecting blood (fresh blood appears white)
    - Sensitive early o for SAH
    - Features
      - Extradural bleed = convex pattern into brain
      - Subdural bleed = concave pattern around brain
      - Subarachnoid bleed = sulcus pattern
  - Lumbar Puncture
    - Anatomy
      - Cord ends L1
      - Anterior superior iliac spine is level with L3L4 space
    - Indications: scan negative SAH, meningitis, encephalitis
    - Contraindications: raised ICP, anticoagulants, local sepsis
    - Complications: post LP headache, backache, nerve root damage
    - Increased ICP
      - Subdural Haematoma
      - Sinus thrombosis
      - Idiopathic Intracranial Pressure
        - Overweight women of child bearing age
- Secondary Causes
  - Dangerous
    - Subarachnoid Haemorrhage
      - Tends to be "first and worst" headache
      - Increasing mortality signs
        - Thunderclap headache (a kick in the head)
        - Neck stiffness and cranial nerve palsies
        - Drowsiness
        - Drowsy with hemiplegia
        - Prolonged coma
      - Neurosurgical help ASAP
    - Meningitis
      - Early recognition: rash, neck stiffness and headache
    - Temporal arteritis
      - Systemic inflammatory vascular syndrome (chronic process)
      - Patient over 50 with new headache
      - Jaw claudication is diagnostic
      - High dose steroid immediately
      - Temporal artery biopsy
    - Raised intracranial pressure
  - Not immediately life threatening
    - Substance related
    - Trauma
    - Psychiatric problems
    - Post coital headache (benign sex headache)
- Red Flags
  - New onset
  - Thunderclap
  - Focal neurological symptoms
  - Abnormal neuro examination
  - Headache that changes with posture
  - Headache waking patient up
  - Jaw claudication
  - Neck stiffness
  - New onset headache with HIV / cancer
  - Fever
- Primary Causes
  - Tension
    - Most common
    - Bilateral, no nausea
    - Management
      - Treat any anxiety / depression
      - Physical exercise
      - Symptomatic medication (<2 days week)
        - NSAIDs
        - Paracetamol
        - Opioids
  - Migraine
    - With / without aura
    - Typical aura 5 - 60 mins - transient visual / sensory / speech disturbances
    - Features
      - Episodic, unilateral, pulsating
      - Nausea, photo / phonophobia
      - Family Hx, worse with physical activity
    - Management
      - Identify triggers and avoid
      - Acute treatment plan
        - Analgesics
        - Anti-emetics
        - Triptans
      - Prophylaxis with beta blockers
  - Cluster
    - Unilateral, severe, in clusters of 6 - 12 weeks
    - More common in males, smokers and adults
    - Often trigeminal distribution
    - Ipsilateral watering of eye / conjuctival redness
    - Management
      - Sub cut sumatriptan
      - Avoid alcohol during cluster period