Headache Consultation
History, examination and investigation

History

Headache diagnosis is all about history. I can't recall a case where management has been changed after history has been taken. Some useful questions are:

- Length of history – you can be more relaxed with a longer history.
- Is there a headache/migraine pronicity. Losing school with headache or recurrent abdominal pain as a child, car sickness, low threshold for hangover?
- Ask about analgesic and Triptan use. Failure to exclude a medication overuse headache contribution will lead to diagnostic difficulties.
- Ask about family history. If there is a family history of problematic headache then there is a good chance you're dealing with migraine.
- How may types of headache you get? Invariably the patient will present with a number of different types of headache which can be confusing. Go through each one separately. Almost certainly one will be migrainous in which case diagnose the whole presentation as migraine. "Tension type headache" and idiopathic stabbing headache are frequent accompaniments of migraine and all part of the same picture.
- Ask patients what they do when they get a headache. Migraineurs want to lie down in a quiet dark room if they can, cluster headache sufferers will be agitated and pace the room.

Examination

Fundoscopy and blood pressure unless recently taken are mandatory at first presentation.

A more extensive neurological examination is required follow-up. https://www.youtube.com/watch?v=wyBNYB0RLvU&t=12s is a useful three-minute neurological examination presented by neurologist Dr Giles Elrington.

Investigations

Inflammatory markers mandatory for over 50 years. Routine blood's can be taken as a follow-up appointment. Theoretically you may pick up something such as thyroid disease or renal failure which is a cause of headache but in practice they are rarely helpful. Do not undertake any other blood tests E.g. ANF, antiphospholipid screen unless there is a clinical indication to do so.