

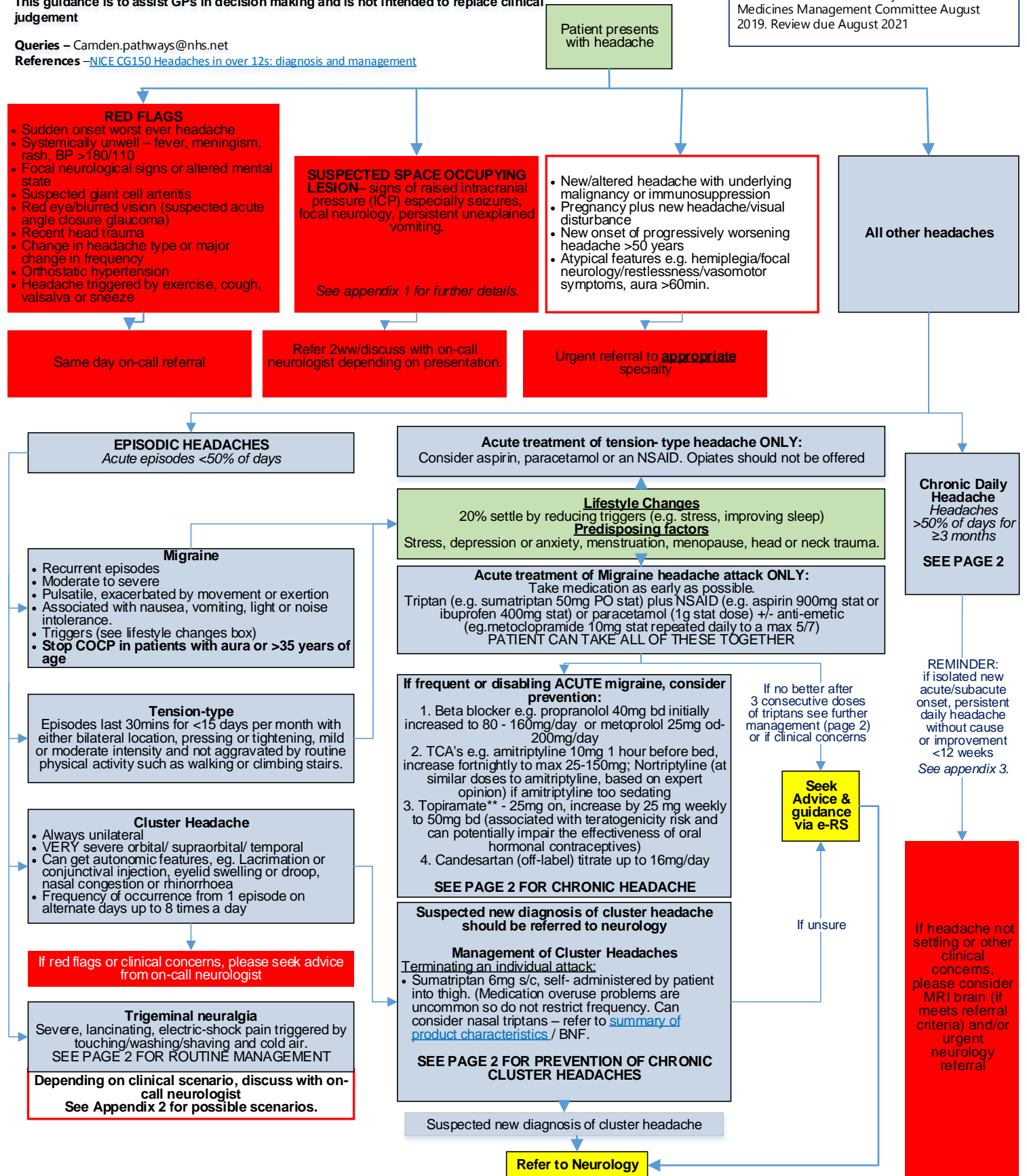
Adult Headache Pathway

Please refer to the Summary of Product Characteristics (SPC) of any drug considered. This pathway has been developed from published guidance in collaboration with local neurologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgement

Queries – Camden.pathways@nhs.net

References – [NICE CG150 Headaches in over 12s: diagnosis and management](#)

Produced by neurology STP group. Approved by Camden Clinical Cabinet July 2019 and Camden Medicines Management Committee August 2019. Review due August 2021



APPENDIX 1

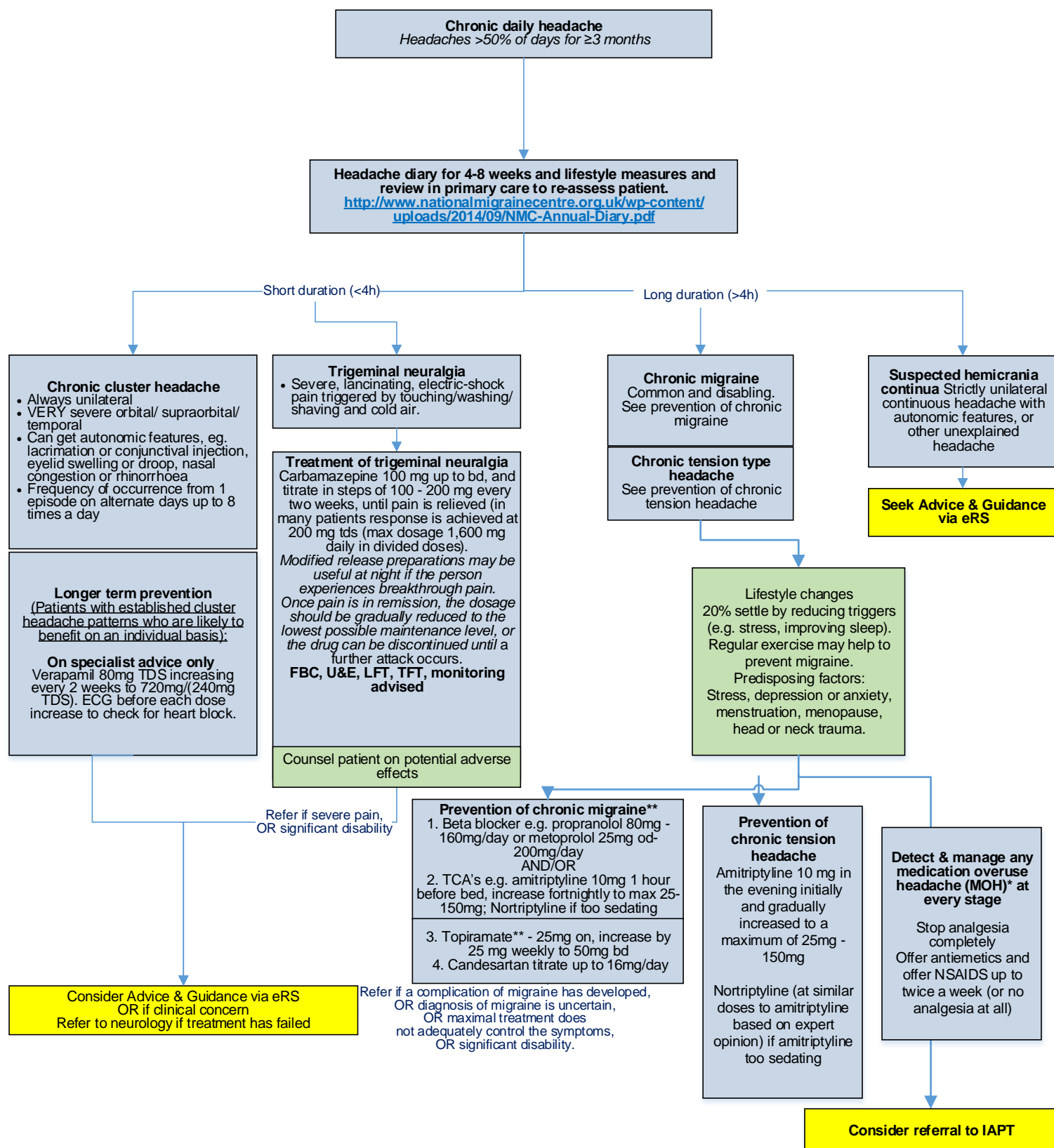
Key features to discern likely neoplasm:

- Is there any progressive loss of neurological function, e.g. hemiparesis/ hemianopia/ ataxia or dysphagia?
- Is there a new onset of seizures, especially focal seizures?
- Are there any symptoms or signs of systemic unwellness to suggest a possible underlying malignancy, such as lethargy, weight loss and dabbng?

If any one of the above are present, this should lead to a 2ww. If none of these features are present, but the GP still suspects a space-occupying lesion or raised intracranial pressure, they should refer to neurology advice and guidance first.

APPENDIX 2

Any of the following features should lead to discussion with on-call neurologist: sensory changes, deafness or ear problems, skin or oral lesions, optic neuritis, pain only in V1 of the trigeminal nerve, a family history of MS or age under 40 years OR if patient is systemically unwell.



DVLA states that people with 'liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness' should stop driving and inform the DVLA – refer to full [DVLA advice](#)

APPENDIX 3

<https://www.healthylondon.org/wp-content/uploads/2017/11/Pan-London-Suspected-Cancer-Referral-Guide-Brain-and-CNS.pdf>

***Suspect medication overuse in people whose headache developed or worsened while they were taking the following drugs for 3 months or more:**

- Ergotamines, triptans, opioids or combination analgesia on ≥ 10 days/ month
- Paracetamol, aspirin or a NSAID, either alone or in any combination on ≥ 15 days/ month

Consider MOH at every stage

Diagnose MOH if the following apply:

- ☐ Use of analgesics >2 days/wk
- ☐ Present on waking
- ☐ After physical exertion
- ☐ Confirmed when symptoms improve after analgesics withdrawn

****For drug cautions and contraindications please refer to [summary of product characteristics](#)**