**Case Study - Chronic Pain Headache**

**ILOS** - Recognition, assessment and treatment of the common headache subtypes, including tension headache, migraine, medication overuse headache and cluster headache. Psychological burden of chronic headaches. Red flags in headache and investigations. Time critical treatment of certain headaches.

**Mrs Jones is a 40 year old working mother, with a history of low back pain. She presents to you in the Chronic Pain out-patient clinic complaining of recurrent headaches.**

**How would you manage her pain using the RAT approach?**

**Recognise:**

* Does her family recognise her pain?
* Does her employer recognise her pain?
* Does she have chronic pain elsewhere?

**Assess:**

* Severity
  + Pain associations eg valsalva, posture, movement, menstrual cycle
  + How is it affecting her; can she function at work or home?
* Type
  + Acute or chronic
  + Intermittent or continuous, duration, how many days per month?
  + Location and characteristics eg throbbing/pulsating
  + Cancer or non-cancer
  + Red flags:
    - Sudden-onset, severe headache
    - Fever, impaired consciousness, seizure, neck stiffness/photophobia
    - Neurological deficit, cognitive dysfunction, papilloedema
    - Trauma, immune compromise, malignancy, age
  + Associated symptoms or signs: Neurological signs, aura, nausea, photophobia/phonophobia, cutaneous allodynia, autonomic features
* Other factors
  + Other painful conditions and analgesic use
  + Home and work-related stress
  + Triggers

**Treat:**

* Non-drug treatments
  + Explanation of cause
  + Psychological treatments, stress reduction, mindfulness
  + Good sleep hygiene
  + Avoidance of triggers
  + Acupuncture
* Drug treatments
  + Analgesic withdrawal or restriction in suspected medication overuse headache
  + Avoidance of opioids
  + Tension-type headache: Paracetamol, Aspirin, NSAIDs
  + Migraine:
    - Acute: Paracetamol, NSAIDs, Triptans, anti-emetics
    - Preventative: B-blockers (Propranolol), Anti-epileptics (Topirimate, Sodium valproate), Amitriptyline
    - Chronic migraine: Botox A
  + Cluster Headache:
    - Acute: Triptans, high-flow oxygen
    - Preventative: Verapamil

**Additional possible discussion points:**

* Pathophysiology of headache subtypes, role of central sensitisation
* International Headache society classification
* Refractory migraine: Greater occipital nerve blocks, Occipital nerve stimulation
* Opioids in chronic non-cancer pain