Priority Topic: HEADACHE

Key Features:

A useful way to study this topic is to make a table with all the possible diagnoses and their appropriate investigations and treatments

1. Given a patient with a new-onset headache, differentiate benign from serious pathology through history and physical examination.

**What you should study:**

- ✓ Approach to Acute Headache AAFP 2013
- ✓ Migraine AIM 2017
- ✓ Chronic Daily Headache AAFP 2014

2. Given a patient with worrisome headache suggestive of serious pathology (e.g., meningitis, tumour, temporal arteritis, subarachnoid bleed):
   a) Do the appropriate work-up (e.g., biopsy, computed tomography [CT], lumbar puncture [LP], erythrocyte sedimentation rate).
   b) Make the diagnosis.
   c) Begin timely appropriate treatment (i.e., treat before a diagnosis of temporal arteritis or meningitis is confirmed).
   d) Do not assume that relief of symptoms with treatment excludes serious pathology.

**What you should study:**

- ✓ Giant Cell Arteritis AIM 2016
- ✓ Meningitis Primer NATURE 2016
- ✓ Primary Brain Tumour Dx and Tx AAFP 2016
- ✓ Non-traumatic Subarachnoid Hemorrhage AAFP 2013
- ✓ EM Cases Episode 14 Part 1: Migraine and SAH
3. Given a patient with a history of *chronic and/or relapsing headache* (e.g., tension, migraine, cluster, narcotic-induced, medication-induced), *treat appropriately*, and avoid narcotic, barbiturate dependence.

**What you should study:**

- ✓ Chronic Daily Headache AAFP 2014

4. In a patient with a history of suspected subarachnoid bleed and a negative CT scan, *do a lumbar puncture*.

**What you should study:** It is now generally accepted that a negative CT Head within 6 hours of typical headache onset effectively rules out subarachnoid hemorrhage

- ✓ SAH - CT & LP for diagnosis AHA 2012

5. In a patient suffering from *acute migraine* headache:
   a) *Treat* the episode.
   b) Assess the ongoing *treatment plan*. (referral when necessary, take a stepwise approach).

**What you should study:**

- ✓ Migraine AIM 2017
- ✓ Acute Migraine Treatment AAFP 2018