

Headache Red Flag Symptoms (which should prompt imaging and/or more emergent evaluation)

- Systemic Symptoms, Illness, Condition
- Neurologic Symptoms or Abnormal Signs
- Onset – abrupt, “thunderclap”, first, “worst headache of life”
- Older onset, age ≥ 50
- Progression or change pattern
- Precipitated by Valsalva maneuvers
- Postural aggravation
- Papilledema
- Exertion

Differentiating headache disorders

		Primary Headache Disorders					Secondary Headache Disorders	
		Tension	Migraine	Cluster	Paroxysmal Hemicrania	Primary Stabbing	Cervicogenic	Medication Over Use
Headache Characteristics	Duration	30 min – 7 days	4 – 72 hours	15 – 180 min	2 – 30 min	Transient (sec - min)	Variable	Variable (Requires >3 months of regular medication overuse)
	Frequency	Variable (Need at least 10 for diagnosis)	Variable (Need at least 5 attacks)	Once every other day to 8/day; often occurring at same time of day (Need at least 5 attacks)	>5/day (Need at least 20 attacks)	Variable pattern from multiple clustered attacks to daily attacks	Corresponds with cervical pathology	>=15 days per month in patient with pre-existing headache disorder
	Severity	Mild to moderate	Moderate to severe	Severe or very severe	Severe or very severe	Variable	Variable	Variable
	Location	Bilateral	Unilateral	Unilateral orbital, supraorbital, and/or temporal; Trigeminal distribution	Unilateral (supra)orbital, and/or temporal; Trigeminal distribution	Variable, but typically spares trigeminal regions	Originates from neck, known temporal association of disorder or lesion within the cervical spine or soft tissue	Variable
	Quality	Pressing or tightening, non-pulsating	Throbbing or pulsating	Stabbing, boring	Sharp, Stabbing	Sharp, jabbing	Variable	Typically migraine or tension like
	Aggravated by activity	Not aggravated by routine activity	Aggravated by routine activity	Causes a sense of agitation or restlessness; routine activity may improve symptoms	Causes a sense of agitation or restlessness	Not typically	Cervical range of motion is reduced, motion provokes pain	Ongoing medication use
Associated Features	Photophobia & Phonophobia	Can have one, but not both	Both	Variably present	None	None	None	Atypical
	Nausea and/or vomiting	Neither	Either or both	May be present	Atypical	Atypical	Atypical	Variably present
	Autonomic dysregulation	None	May occur, but are often subtle and not noticed by the patient	Prominent autonomic features ipsilateral to the pain (e.g., conjunctival injection or lacrimation, nasal congestion, eyelid edema, sweating, miosis/ptosis)	Prominent autonomic features ipsilateral to the pain (e.g., conjunctival injection or lacrimation, nasal congestion, eyelid edema, sweating, miosis/ptosis)	None	None	Atypical
	Other			Circadian/predictable (“alarm clock headache”) Provoked by EtOH or nicotine; Male predominant	Complete response to indomethacin; Female predominant	Often co-morbid with another headache disorder		Associated with acetaminophen, NSAID, Triptans, Ergotamine, Opioids, Etc.