

# CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

## HEADACHES

### ***Referral to a Specialist for Headaches to a neurology.***

Headaches are common and usually benign. The risk of brain tumour is extremely low <0.1% especially if an alternative diagnosis can be made in primary care (i.e., migraines, tension headaches).

Patients presenting with **headache for the first time or with headache that differs from their usual** headache should be evaluated by their PD including a clinical examination, a neurological examination and blood pressure measurement.

### **IMMEDIATE REFERRALS TO A&E (within 24 hours)**

- Thunderclap headache (time to peak intensity of less than 5 mins) should go straight to A&E for investigation. Do not delay.
- Worsening headache with fever if meningitis suspected administer first dose antibiotic, if possible, should go straight to A&E for investigation. Do not delay.
- Papilloedema and vomiting – immediate admission under medics.
- Angle closure glaucoma should be considered in a patient with headache associated with a red eye, halos or unilateral visual symptoms. Acute angle closure glaucoma is an ophthalmological emergency.

### **URGENT REFERRALS TO OS (within 10 days)**

- Headache with history of cancer elsewhere or HIV infection.
- Headache triggered by exertion, cough, sneeze, post orgasm or Valsalva manoeuvre (suspected cerebral aneurysm).
- Suspected Giant Cell Arteritis.

### **ROUTINE REFERRALS TO OS**

- New onset cluster headache.
- New headache where a diagnostic pattern has not emerged after eight weeks from presentation.
- Headaches that have been present for some time but have changed significantly, particularly a rapid increase in frequency.
- New headache in a patient over 50.
- Headaches that wake from sleep.

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- Persistent headache after two (2) days of continuous use of acetaminophen or ibuprofen
  - Migraines

**Reference:**

1. British Association for the Study of Headache – Diagnosis and management of migraine, tension type headache, cluster headache, medication overuse headache (2010). Available at: <http://www.bash.org.uk/guidelines/> [Accessed 10/09/2019]
2. NICE Bites: Diagnosis and management of headaches October 2012. Available at: <https://www.sps.nhs.uk/wp-content/uploads/2012/10/NICEBitesOctober2012.pdf> [Accessed 10/09/2019]
3. SIGN 155 Pharmacological management of migraine Headache. Available at: <https://www.sign.ac.uk/assets/sign155.pdf> [Accessed 10/09/2019]
4. Two-week rule conditions referral guidance brain and CNS. Available at: [https://www.coastalwestsussexccg.nhs.uk/two-week-rule-conditions-referral-guidance?filter=brain+and+cns+cancer&filterfrom=keywords&match\\_all=1&keywordfilter=1](https://www.coastalwestsussexccg.nhs.uk/two-week-rule-conditions-referral-guidance?filter=brain+and+cns+cancer&filterfrom=keywords&match_all=1&keywordfilter=1) [Accessed 11/09/19]
5. Suspected cancer: recognition and referral (NICE Guideline NG12). Available at: <https://www.nice.org.uk/guidance/ng12/chapter/Introduction> [Accessed 11/09/19]