

Headache in primary care: how important is diagnosis to management?

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SUMMARY

Headache is a common presentation in primary care. The classification of headache was overhauled by the International Headache Society (IHS) in 1988, and the past decade has seen rapid growth in the understanding of headache disorders. The IHS places particular importance on precise headache diagnosis. This paper discusses the relevance of such an approach to primary care. A review of the literature revealed a dearth of evidence regarding headache management in primary care settings. The evidence from other settings is considered and gaps in the literature highlighted.

Keywords: headache; literature review; migraine; diagnosis.

Introduction

HEADACHE is a common symptom, with a spectrum in frequency and severity from mild or rare occurrences that disappear spontaneously to severe and frequent disabling headache. It is a common presentation in primary care, and the overwhelming majority of patients are not referred to secondary care.¹ In the past decade there have been major developments in the understanding of headache syndromes and in possibilities for treatment. Experts suggest that the treatment of headache needs to be tailored to the diagnosis and, if this is achieved, management will be more effective.² It has been suggested that precise diagnosis is a patient's right. The Task Force of the International Headache Society (IHS) have suggested a 'Headache Sufferers' Bill of Rights',³ the first point of which is that the headache sufferer has the right to know his/her headache diagnosis as precisely as possible. We have reviewed the literature on headache from a general practice perspective and found a striking lack of evidence on management of headache in primary care settings.⁴

This paper discusses headache management in the United Kingdom (UK) general practice context, with an emphasis on the place of diagnosis. Initially, there is discussion of the IHS classification of headache, the diagnostic process in primary care, and evidence from other settings on the influence of diagnosis on management. Following this there is discussion of aspects of presentation and management particular to primary care that we believe merit consideration. The questions and gaps in the literature that are identified are necessarily informed by the experience of the authors as general practitioners (GPs).

Literature review

The literature review was initiated as part of a project to inform the creation of quality indicators for use in general practice.⁴ The aim was to provide up-to-date evidence from the literature relevant to the presentation and management of headache in British general practice. Articles were identified using Medline and EMBASE with searches of the 1991 to 1995 and 1996 to 1999 databases and The Cochrane Library. Keywords used in the search were: 'headache' (headache, vascular headache, tension headache, cluster headache), 'migraine', 'epidemiology', 'sensitivity and specificity', and 'treatment'. Abstracts were scrutinised by the corresponding author and the papers were read by both authors. The review was hindered by the lack of evidence from general practice and community populations and evidence was extrapolated from specialist sources. The quality of evidence was graded according to established criteria.⁵ Reference lists were scrutinised for further relevant references and neurologists and GPs with an interest in

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Submitted: 20 July 2000; Editor's response: 3 January 2001; final acceptance: 5 October 2001.

©British Journal of General Practice, 2002, 52, 569-573.

Headache In Primary Care

Kara Wyant, Melissa Elafros



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