
Headache

Four Things Physicians and Patients Should Question

by
Canadian Headache Society
Last updated: July 2019



1 Don't order neuroimaging or sinus imaging in patients who have a normal clinical examination, who meet diagnostic criteria for episodic migraine, and have no "red flags" for a secondary headache disorder.

Red flags for a secondary headache include thunderclap onset, fever and meningismus, papilloedema, unexplained focal neurological signs, unusual headache attack precipitants, and headache onset after age 50. The yield of neuroimaging in patients with typical recurrent migraine attacks is very low. Any imaging study, particularly MRI, can identify incidental findings of no clinical significance which may lead to patient anxiety and further unnecessary investigation. For patients with typical migraine and a normal clinical examination who desire reassurance, careful explanation of the diagnosis and patient education may be more advisable.

2 Don't prescribe opioid analgesics or combination analgesics containing opioids or barbiturates as first line therapy for the treatment of migraine.

Non-steroidal anti-inflammatory drugs and triptans are recommended first line treatments for acute migraine therapy. Opioids may produce increased sensitivity to pain and increase the risk that intermittent headache attacks will become more frequent and escalate to a chronic daily headache syndrome (medication overuse headache), particularly when opioids are used on 10 days a month or more. Opioids may impair alertness and produce dependence or addiction syndromes.

3 Don't prescribe acute medications or recommend an over-the-counter analgesic for patients with frequent migraine attacks without monitoring frequency of acute medication use with a headache diary.

All acute medications used for migraine attacks, when used too frequently, increase the risk of medication overuse headache with progression to a chronic daily headache syndrome. Use of opioids, triptans, ergotamines, or combination analgesics of any kind on 10 days a month or more, and use of NSAIDs or acetaminophen on 15 days a month or more places patients at risk for medication overuse headache. Patients with migraine should be educated with regard to these risks.

4 Don't forget to consider the behavioural components of migraine treatment, including lifestyle issues like regular and adequate meals and sleep, and management of specific triggers including stress.

Lifestyle issues and specific trigger management can contribute considerably to successful migraine control. Patient education regarding these factors may reduce the need for expensive medications and reduce indirect costs related to disability. Training in relaxation and other stress management techniques should be considered. Training in other skills like pacing activities to help patients manage their schedules and stress levels well, and how to take acute medications appropriately are also important.

How the list was created

The Canadian Headache Society (CHS) executive agreed to participate in the Choosing Wisely Canada campaign. A list of potential statements for Choosing Wisely Canada was created through email discussion among the executive, and input was then sought from other CHS directors. The refined statement list was then brought to the June 2015 Annual General Meeting of the Society where they were discussed and further input was obtained. Following this, draft versions were circulated and refined among the CHS executive and directors, and a final version was produced with the assistance of individuals from the Choosing Wisely Canada campaign.

Sources

- 1 Becker WJ, et al. Guideline for primary care management of headache in adults. *Can Fam Physician*. 2015 Aug;61(8):670-9. [PMID: 26273080](#).
Elliot S, et al. Why do GPs with a special interest in headache investigate headache presentations with neuroradiology and what do they find? *J Headache Pain*. 2011 Dec;12(6):625-8. [PMID: 21956455](#).
Howard L, et al. Are investigations anxiolytic or anxiogenic? A randomised controlled trial of neuroimaging to provide reassurance in chronic daily headache. *J Neurol Neurosurg Psychiatry*. 2005 Nov;76(11):1558-64. [PMID: 16227551](#).
Sempere AP, et al. Neuroimaging in the evaluation of patients with non-acute headache. *Cephalalgia*. 2005 Jan;25(1):30-5. [PMID: 15606567](#).
- 2 Becker WJ. Acute Migraine Treatment in Adults. *Headache*. 2015 Jun;55(6):778-93. [PMID: 25877672](#).
Toward Optimized Practice. [Guideline for Primary Care Management of Headache in Adults](#) [Internet]. 2016 Sep [cited 2017 Sep 19].
Worthington I, et al. Canadian Headache Society Guideline: acute drug therapy for migraine headache. *Can J Neurol Sci*. 2013 Sep;40(5 Suppl 3):S1-S80. [PMID: 23968886](#).
- 3 Becker WJ, et al. Medication overuse headache in Canada. *Cephalalgia*. 2008 Nov;28(11):1218-20. [PMID: 18983589](#).
Cheung V, et al. Medication overuse headache. *Curr Neurol Neurosci Rep*. 2015 Jan;15(1):509. [PMID: 25398377](#).
Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition (beta version). *Cephalalgia*. 2013 Jul;33(9):629-808. [PMID: 23771276](#).
- 4 Gaul C, et al. Team players against headache: multidisciplinary treatment of primary headaches and medication overuse headache. *J Headache Pain*. 2011 Oct;12(5):511-9. [PMID: 21779789](#).
Holroyd KA, et al. Effect of preventive (beta blocker) treatment, behavioural migraine management, or their combination on outcomes of optimised acute treatment in frequent migraine: randomised controlled trial. *BMJ*. 2010 Sep 29;341:c4871. [PMID: 20880898](#).
Penzien DB, et al. Well-Established and Empirically Supported Behavioral Treatments for Migraine. *Curr Pain Headache Rep*. 2015 Jul;19(7):34. [PMID: 26065542](#).
Pringsheim T, et al. Canadian Headache Society guideline for migraine prophylaxis. *Can J Neurol Sci*. 2012 Mar;39(2 Suppl 2):S1-59. [PMID: 22683887](#).
Sauro KM, et al. Multidisciplinary treatment for headache in the Canadian healthcare setting. *Can J Neurol Sci*. 2008 Mar;35(1):46-56. [PMID: 18380277](#).
Sauro KM, et al. The stress and migraine interaction. *Headache*. 2009 Oct;49(9):1378-86. [PMID: 19619238](#).

About the Canadian Headache Society

The CHS is an incorporated non-profit organization of health professionals which has as its objectives the promotion of education, research and excellence in patient care in the field of headache medicine in Canada.



About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

🌐 ChoosingWiselyCanada.org | ✉ info@ChoosingWiselyCanada.org | 🐦 [@ChooseWiselyCA](https://twitter.com/ChooseWiselyCA) | 📘 [/ChoosingWiselyCanada](https://www.facebook.com/ChoosingWiselyCanada)