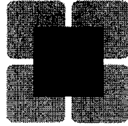

Headache: accurate diagnosis, rational therapy

GLEN D. SOLOMON, MD, EDITOR

■ *Editor's note:* With this issue, we begin a new feature, "CME Notebook," which discusses the "take-home messages" from recent continuing medical education courses sponsored by the Cleveland Clinic Educational Foundation. This new feature relies on the experts from around the world and from the Cleveland Clinic, who present up-to-the-minute clinical information on developments in their fields. The Foundation hosts more than 50 CME courses each year, attended by more than 5,000 physicians in office and hospital practice.

EVALUATION: LOOK FOR PATTERN; OBTAIN ESR IN ELDERLY

Pattern recognition is a key to accurate diagnosis of head pain. The most important question in the history, and the first one to ask, is "How many *types* of headaches do you have?" The pattern for each type (frequency, trigger factors, sources of relief) will in most cases reveal the diagnosis.

Few laboratory tests are considered essential in the headache workup, except for erythrocyte sedimentation rate (ESR) in the elderly patient. In this age group, the incidence of migraine decreases, but the likelihood of headache caused by temporal arteritis increases. Although the use of the ESR as a screening test has been discouraged, not including it in the workup could lead to unnecessary use of other tests.

ROBERT V. STEINMETZER, MD
Internal Medicine, Cleveland Clinic Florida

From "New Approaches to the Treatment of Headaches." Course Directors: Robert S. Kunkel, MD, head, Section of Headache; A. David Rothner, MD, head, Section of Child Neurology; Glen D. Solomon, MD, Section of Headache, The Cleveland Clinic Foundation.

MIGRAINE: SEROTONIN BLOCKERS; SCRUTINIZE YOUNG AND OLD

The new serotonin blockers, such as sumatriptan, may be a future treatment for migraine. At present, these investigational drugs can only be administered parenterally as abortive therapy. In most migraine patients, plasma serotonin levels increase before migraine attacks and fall during the headache phase, but serotonin receptors have not yet been definitively classified.

The onset of migraine in a very young or a very old patient requires close scrutiny to rule out organic causes. For example, migraine in a patient over age 50 who has no history of migraine headaches is an indication for a brain computed tomogram.

SEYMOUR DIAMOND, MD
Diamond Headache Clinic, Chicago

NONDRUG OPTIONS FOR TENSION HEADACHE

The patient with chronic tension-type headache who is motivated and who is not taking multiple

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medications can benefit considerably from biofeedback training and relaxation techniques. An active physical therapy regimen is also helpful, particularly for patients whose headaches are related to tight neck and shoulder muscles.

ROBERT S. KUNKEL, MD
Head, Section of Headache, The Cleveland Clinic Foundation

CLUSTER HEADACHE EASY TO MISS

Despite its classic presentation—"clusters" of attacks of sharp, boring pain and agitation with no prodrome—the diagnosis of cluster headache is easily missed because it is seen so infrequently. Abortive therapy is difficult because of the absence of a prodrome, but ergotamine tartrate is the drug of choice for this purpose. Methysergide for 2 to 3 months at a time is indicated for prophylactic therapy; it may be combined with a brief course f steroids.

SEYMOUR DIAMOND, MD
Diamond Headache Clinic, Chicago

DETOXIFY BEFORE TREATING

The biggest problem in the management of patients with headache is habituation to analgesic drugs. No therapy will be effective until the patient has been detoxified, and this may require admission to an inpatient unit. The alternative to inpatient detoxification is short-term steroid therapy with chlorpromazine suppositories when headache occurs.

GLEN D. SOLOMON, MD
Section of Headache, The Cleveland Clinic Foundation

CONSIDER RARE POSSIBILITIES

Organic and neurologic causes of headache are rare, but when they occur, the outcome is bad. The possibilities should be considered when the cause of a headache is otherwise uncertain. These include collagen-vascular diseases such as temporal arteritis; meningeal irritation such as hemorrhage or infectious meningitis; metabolic headache related to thyroid, adrenal, or pituitary disease; and neuralgias such as herpes zoster or trigeminal neuralgia.

THOMAS E GRETTER, MD
Department of Neurology, The Cleveland Clinic Foundation

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