

Madigan Army Medical Center

Referral Guidelines

Migraine Headache

Diagnosis/Definition

Headache present at least 2 months, typically episodic with a stereotypical pattern and quality. A stereotypical pattern for the headache is often unilateral moderate to severe throbbing pain which may radiate, however headaches may be generalized, and often associated with variable photophobia, phonophobia, and nausea.

Initial Diagnosis and Management

- History and physical examination.
- Neurologic examination by primary physician.
- MR/CT imaging indicated if:
 - There are focal neurological signs/symptoms.
 - The headache pattern is changing.
 - The history suggests seizure disorder.
- Identify and reduce triggers.
- Educational behavioral therapies (e.g., Neurology Clinic's headache class, biofeedback, stress management). Referrals can be directed to the Neurology headache class or Biofeedback.
- Lifestyle evaluation (cessation of smoking, discussion of contraceptive methods, regular exercise).
- Determine headache frequency:
 - Weekly or more frequently: emphasis must be on prophylaxis. **Abortive agents can be regularly used no more than 2x per week to avoid risk for rebound.**
 - Weekly or less frequently: generally only abortive therapy required unless severe impact on patient's life, unresponsive to abortive agents, etc..

Ongoing Management and Objectives

- Prophylactic therapy: Reduces frequency and/or intensity by at least 50%. Appropriate agents include tricyclics, topiramate, beta-blockers, or valproic acid,. Selection of agent is best guided by co-morbid medical conditions and factors.
- Abortive therapy: Reduce severity of attacks. Appropriate abortive agents include non-steroidal anti-inflammatory agents, triptans, and ergotamine.
- Criteria for head imaging as stated above.

Indications for Specialty Care Referral

- If diagnosis in doubt.
- If focal neurological symptoms or signs.
- If patient has failed at least two trials of appropriate therapies.

Criteria for Return to Primary Care

- Headache pattern stabilizing on no medication or on chronic medication.
- In opinion of neurologist, headaches can be managed by primary care with neurology input on a prn basis.

References:

Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Report of the QSS of the AAN and the AHS. *Neurology* 2012;78:1337-1345.

Last Review for this Guideline: **October 2012**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator