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FURTHER READINGS, *online*

EVALUATION

The principal focus of an effective headache history and exam is determining the likelihood that a patient has a primary versus secondary headache syndrome.

Obtain a history that includes the timing and speed of headache onset, chronicity, location and laterality, nature (e.g., throbbing or steady, sharp or dull), severity, associated symptoms (e.g., weakness, vision loss, nausea, photophobia, phonophobia, osmophobia [aversion to strong smells], and scalp allodynia/hypersensitivity), presence of aura (e.g., sensory disturbances preceding heralding headache onset), exacerbating/mitigating factors (psychosocial stressors, irregular habits [including sleep patterns and caffeine intake]), and use of any analgesic medications (especially NSAIDs, caffeine, and

DIFFERENTIAL DIAGNOSIS AND TREATMENT

If alarm features are absent or neuroimaging is unremarkable, diagnose the headache subtype according to its clinical features. A review of the many causes of secondary headache is beyond the scope of this chapter; however, some of the common conditions that present with headache as the predominant symptom are reviewed here.

Primary Headaches (Fig. 1.1)

Migraine headache is the most common type of primary headache among those seeking medical attention. Its numerous clinical features (see Fig. 1.1) can be severe