

Make It Stop: A Painless Approach to Treating the Acute Headache

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Priority #1: Don't miss anything deadly!

- Look for a headache plus a concerning red flag feature...



- + Sudden/severe onset
- + Focal neurologic deficit or altered mental status
- + Immunocompromised state
- + Advanced age
- + Pregnancy
- + Coagulopathy
- + Malignancy
- + Fever
- + Visual deficit
- + Loss of consciousness

Tabatabai RR and Swadron SP. Emerg Med Clin N Am 2016
Edlow JA et al. Ann Emerg Med 2008

Systemic symptoms

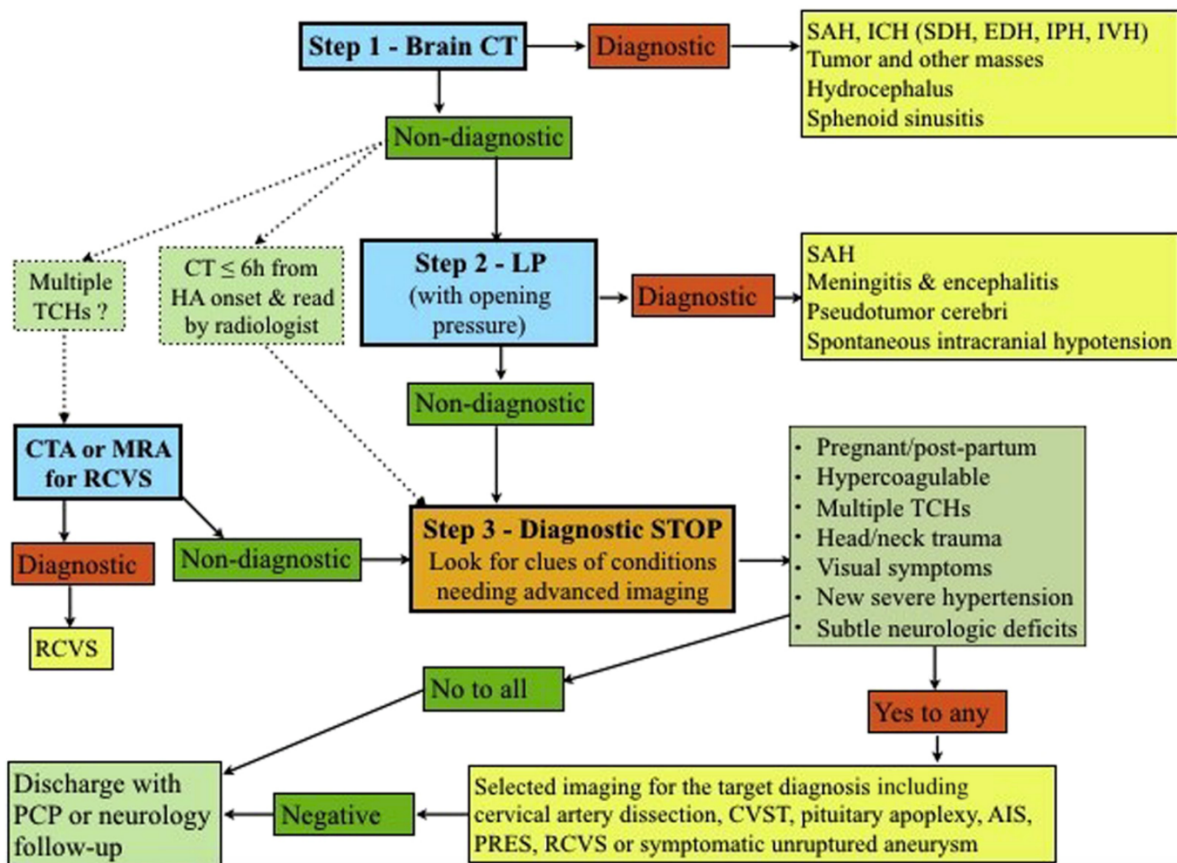
Neurologic signs/symptoms

Onset

Older patient (>50)

Previous headache history

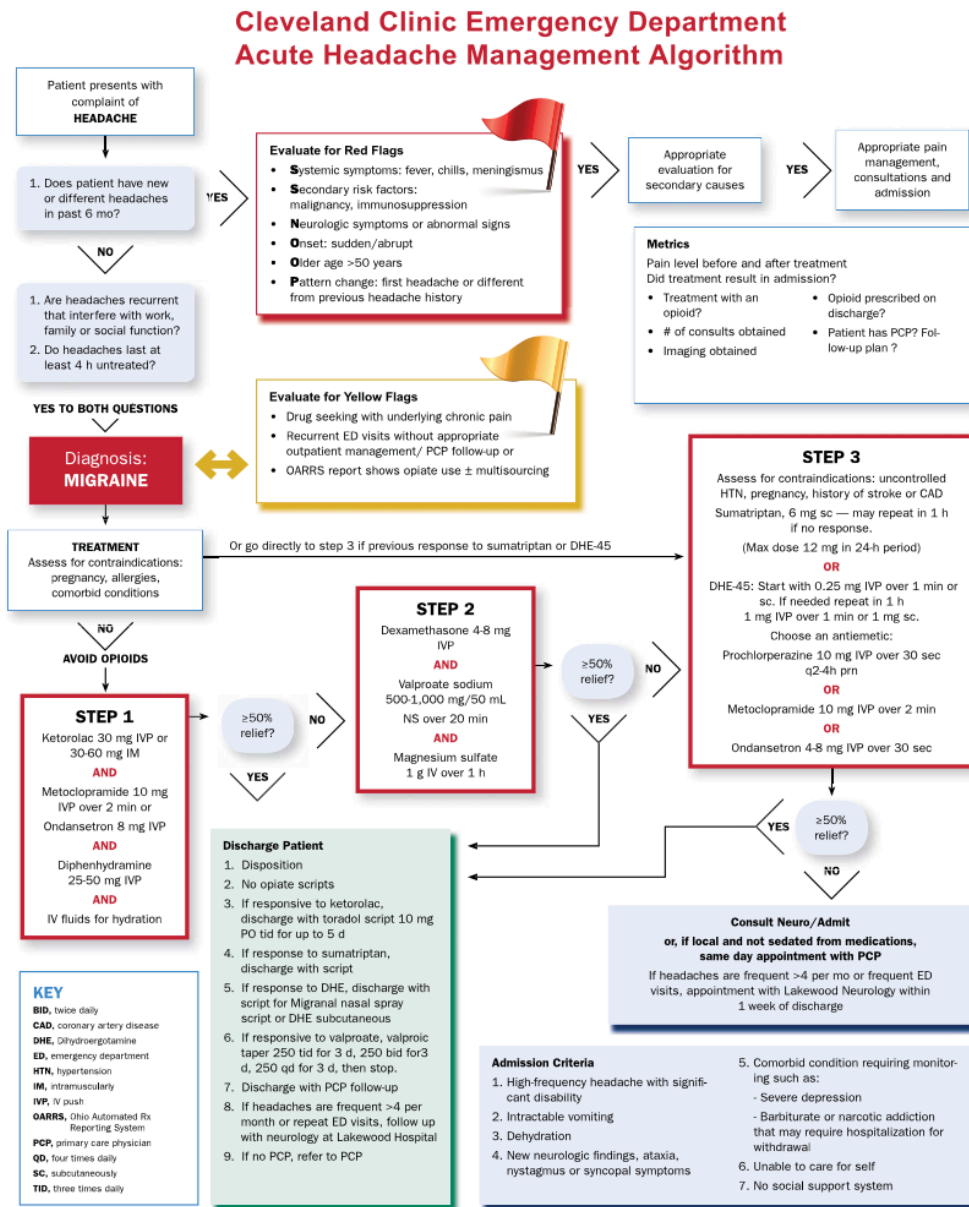
- Treat the true thunderclap headache with the respect it deserves...



Edlow JA. Ann Emerg Med 2017

Priority #2: Make Patients Feel Better!

- Despite national quality initiatives, the majority of patients still receive opioids
- Triptans are a generally underutilized, yet effective option when not contraindicated
- For most patients, NSAIDs and a dopamine antagonist (+/- antihistamine) works



- When all else fails, think regional anesthesia!
 - <http://socmob.org/2014/01/paraspinous-cervical-block-headache/>
 - <https://www.aliem.com/2017/03/trick-sphenopalatine-ganglion-block-primary-headaches/>
 - <https://dailyem.wordpress.com/2013/08/19/occipital-nerve-block-for-occipital-neuralgia/>