
CLINICAL TIPS AND PEARLS



Clinical Tips and Pearls

- The more diagnoses made, the more medications tried, the more likely it is MOH.
 - When in doubt for daily headache, it is likely rebound headache.
- Neck pain and neck discomfort don't necessarily arise in the neck.
 - 90% of migraine sufferers have neck pain as premonitory symptoms. Neck pain is common in migraine. Do not inject. Treat the migraine and the neck pain generally resolves.
- Location does not determine diagnosis
 - Especially true for neck pain, but is also true for all primary headache types.
- Dysautonomic features are common in withdrawal from opioids.
- Episodic headache with sinus symptoms is usually migraine.
- If you use specific and adapted treatment it is possible to control the majority of migraine attacks and increase the QoL of patients
 - Don't give up. Keep searching for the "right" treatment.
- Asking a patient's occupation may help uncover a trigger (*e.g.*, does their work involve solvents?)

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- Vertiginal and autonomic symptoms are usually experienced together and are indicative of migraine.
 - Sleep usually helps.
- Early recognition and correct diagnosis of migraine allows opportunity for treatment, especially for primary care physicians
 - Proper diagnosis prevents progression and minimizes disability.
- Most (9/10) people complaining of troublesome headache have migraine.
 - If headache rose to the level where the patient consults a doctor, it is almost always migraine. Migraine should always be on the radar and be thought of if a patient consults you with a bothersome headache.
- The phenotype of chronic migraine *without* MOH and the phenotype of chronic migraine *with* MOH are indistinguishable.
- Awakening with a headache *every day* is a sign of medication overuse headache (MOH) because patients withdraw overnight and have MOH in the morning.

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- About half of migraine attacks occur in the morning (between 5 and 9 am).
 - An important distinguishing feature and is important to consider when establishing a treatment plan. Tablet may not work for them.
- Quick time to peak intensity precludes use of tablets.
 - What is the time from onset of attack to time you are at peak – how much time passes? If it is a quick time to peak intensity of migraine, you cannot use a pill; an injection, intranasal, or some other method of drug delivery must be used.
- The younger the patient, the quicker the time to peak migraine intensity.
 - Headache is also quick to turn off; headache subsides more quickly than in older patients.
- If headaches are regular in pediatric patients, prevention should be considered.
- Children do not like to be different.
 - Prevention of migraines may make them feel more normal; they should take a pill at home in the morning. Then they are just like other children at school.