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 involves solvents?)
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• Vertiginous 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.