# Family Medicine Preceptorship Discussion Cases

**Headache**

**Learning Objectives:**

* Classify headaches as primary (migraine, tension, cluster, or miscellaneous) or secondary.
* Identify potential red-flag symptoms.
* Know basic treatment modalities for migraine, tension, and cluster headaches.

# Suggested Reading:

Hainer BL and Matheson EM. Approach to Acute Headache in Adults., *American Family Physician,* 2013;87 (10):682- 687. May be found at: <http://www.aafp.org/afp/2013/0515/p682.html>

Beck E. Hard-to-Diagnose Headache: Practical Tips for Diagnosis and Treatment. *American Family Physician,* 2013; 87 (10): 672-73. May be found at: <http://www.aafp.org/afp/2013/0515/p672.html>

Callaghan BC, et al. Headache Neuroimaging: Routine testing when guidelines recommend against them. *Cephalalgia*, 2015; 35 (13): 1144-52. May be found at: <https://www.ncbi.nlm.nih.gov/pubmed/25676384>

Gamboa S. Headache (Chapter 45). In: Essentials of Family Medicine, 6th ed. Philadelphia, PA: Wolters Kluwer/Lippincott, Williams and Wilkins, 2012, 533-542.

**Case 1:**

Sara is a 14-year-old white female in 9th grade who comes to see you because of headaches and nausea occurring about once per month just prior to her menses. These are throbbing in nature and usually most prominent in the left frontal region. She often feels a stabbing type pain behind the left eye. There are no aura-like symptoms, but she has photophobia. When she gets these headaches, she often needs to leave school. She finds that sleeping in a dark quiet room helps. She has tried Tylenol 325 mg or Ibuprofen 200 mg without success. On further questioning, you find that she feels that she doesn’t have many friends at school and that she is not involved in school activities. She denies smoking and alcohol use. PE is unremarkable.

Question 1: What type of headache do you think this is? What symptoms support this diagnosis?

Question 2: What suggestions would you make regarding treatment?

Question 3: Does this patient have any “red flag” symptoms? What symptoms, if they occurred, would raise the possibility of a more serious or life-threatening condition? What would you do if a patient has such danger symptoms or signs?

## Question 4: If her headaches became more frequent, how might you consider preventing them?

**Case 2:**

Mike is a 39 year old white male businessman who comes in with a history of headaches occurring 2 to 3 times each week for the past several months. He has tried a variety of over-the-counter agents including Tylenol 650 mg every 4 hours, Ibuprofen 800 mg every 4-6 hours, and Naprosyn 500 mg twice a day with some success. However, he feels his headaches have increased in intensity since beginning his new job several months ago. He describes these as bilateral and constant, like a tight band around the head. There is no associated blurry or double vision, photo - or phonophobia, or other neurologic symptoms. Headaches are exacerbated by deadlines at work. They do not awaken him from sleep. He drinks 3-4 cups of coffee daily, does not smoke, and has 2 beers on the weekend. He does not exercise.

Question 1: What type of headache do you think this is? What symptoms support your diagnosis?

Question 2: What suggestions would you make regarding treatment?

**Case 3:**

Shannon is a 45 yo woman with dull, global headaches every morning for the past couple of months. She is frustrated with consistent weight gain over the past several years, and feels tired throughout the day. Her marriage is rocky, and she feels like she can’t meet her kids’ needs. She has no other symptoms and hasn’t tried any treatments thus far. She doesn’t exercise. She relaxes with a couple of drinks each evening. She thinks she might have a brain tumor. Her physical exam is normal.

Question 1: What is the differential diagnosis?

Question 2: Would you order any tests?

Question 3: What treatment would you recommend?