MIGRAINE HEADACHE

1. What are the typical pain characteristics of migraine headache?
The migraine headache is unilateral and pulsatile in nature, ranging in severity from moderate to severe and usually worsened by physical activity.

2. What is an aura?
Reversible cerebral dysfunction (abnormal smells, eye floaters, etc.) that develops over 5 (or more) minutes and lasts less than an hour.

3. What is the classic presentation of a migraine headache with an aura?
A migraine headache, usually within 1 hour of an aura.

4. What is the classic presentation of a migraine headache without an aura?
Unilateral, pulsatile headache that can last anywhere from 4 hours to 3 days. There is frequently associated nausea/vomiting and/or light/noise sensitivity.

5. What is the treatment for a mild/moderate migraine headache?
Treatment can be done in a stepwise fashion. For headaches that are mild to moderate (without nausea/vomiting) nonspecific pain medications can be used (e.g., nonsteroidal antiinflammatory drugs [NSAIDs] and/or acetaminophen).

Other nonspecific agents that can be used are dopamine antagonists (e.g., metoclopramide or chlorpromazine). Their greatest effect is in the treatment of nausea/vomiting.

If available, the use of high flow oxygen can be a great adjunct to any treatment decision.

6. What is the treatment for moderate/severe migraine headache?
Migraine-specific medications should be used, such as triptans. These can be given orally, subcutaneously, nasally, or intravenously; they work well alone or in conjunction with nonspecific agents.

7. What are the different types of migraine headaches?
Hemiplegic, basilar, childhood periodic syndromes, retinal migraine, ophthalmologic, vertiginous, nocturnal.

TENSION HEADACHE

8. What are the main causes of tension headaches?
Any stressor can lead to tension headaches, so it is not surprising that these are the most common type of headache. Other contributing factors are poor posture (especially weak neck extensors), depression, and anxiety.

Any stressor that is not a direct cause of the headache can be a contributing factor by leading to spasm of the neck and scalp muscles.

9. What is the best way to treat tension headaches?
Pharmacologic and stress reduction therapies work well together. In the fast-paced world of urgent care, stress reduction techniques are not a viable option. In the urgent care setting the use of NSAIDs, acetaminophen, and oxygen would be your best options.
10. How can I differentiate a tension headache from other headaches?
If you were to guess a headache was tension type, you would be right most of the time as tension headaches are the most common type of headache.

On physical exam you may also find diffuse scalp or trapezius tenderness.

11. What is the classic presentation of a cluster headache?
Cluster headaches present with unilateral pain (usually around the eye and temporal area) with cranial nerve autonomic dysfunction (tearing, facial pain, etc.).

The cluster headache usually lasts 45 to 90 minutes and is episodic in nature, with these headaches lasting as long as 1 week.

12. What is the best treatment for a cluster headache?
The same medications (triptans, NSAIDs, acetaminophen) for migraines are used to treat cluster headaches, with the best medication being triptans via the subcutaneous route. Unlike migraines, there is more of an emphasis on oxygen for the acute treatment.

13. How can I differentiate Bell palsy from a stroke?
Bell palsy is an acute, unilateral, facial nerve paralysis. This results in weakness of the muscles of facial expression (including the forehead) and never any leg or arm involvement. There is always involvement of the unilateral forehead. If the forehead is spared, then this is an upper motor neuron lesion, not Bell palsy.

14. What is the treatment for Bell palsy?
Symptomatic treatment with eye lubricant and an eye shield for sleep along with corticosteroids (prednisone is typically prescribed in a 10-day tapering course starting at 60 mg). Based on current literature antivirals are currently not recommended.

15. How long does Bell palsy last?
It is dependent on the extent of nerve damage; therefore, it can range from weeks to never, but most patients recover completely by 2 months.

16. What is benign positional vertigo (BPV)?
It is a peripheral vestibular disorder involving the semicircular canals in the ear. There is no brain or central component.

17. How can I differentiate BPV from central nervous system (CNS) causes?
History. Also positioning testing (e.g., Dix-Hallpike maneuver) helps establish the diagnosis of the origin being peripheral in nature.

18. What is the Dix-Hallpike maneuver and how is it performed?
The patient starts in sitting position, facing forward with eyes open.

Rapidly lie the patient backward with the head turned 45 degrees to the right and the neck extended over the end of the table for about 30 seconds. This is repeated on the left side.

19. Why would I want to perform the Dix-Hallpike maneuver?
You may see nystagmus and reproduce the vertiginous symptoms that can lead to nausea/vomiting, which will force the patient to get out of the position. If the patient stays with the maneuver, this test is also the treatment, as repositioning the otoliths in the ear will aid in treatment.

20. What is the initial workup/evaluation of vertigo?
If one cannot confidently say it is a peripheral cause, then a central lesion or nonneurologic cause must be considered. These tests can include computerized axial tomography (CAT) scan, magnetic resonance imaging (MRI), electrocardiogram (EKG), and blood work. These patients should probably be referred to the emergency department.
VASOVAGAL SYNCOPE

21. What is the definition of syncope?
   Transient loss of consciousness due to hypoperfusion of the brain.
   The characteristics are rapid onset, brief duration, and spontaneous recovery.

22. What are the causes of vasovagal syncope?
   Pain, prolonged standing, being in a hot and/or crowded area, emotional stress, urinating or defecating, seeing blood (if this is you, you may be in the wrong field).

23. Is there a prodrome to vasovagal syncope?
   Yes. Symptoms may include yawning, lightheadedness, nausea, sweating, ringing in the ears, or visual changes.

24. How do you treat vasovagal syncope?
   The main goal is to prevent injury from the actual physical event of falling.
   Most people will have completely resolved by the time you evaluate them. The key is to find out what the prodromal symptoms were to help decide if the episode was vasovagal or more concerning (cardiac, aortic, CNS, etc.).

25. What tests should I order?
   1. EKG to evaluate for dysthymia or infarct
   2. Human chorionic gonadotropin (HCG) for pregnancy status in women of childbearing age
      a. Which can cause hypovolemia
   3. Urine dipstick to evaluate for ketones and/or glucose
      a. Ketones to evaluate for dehydration
      b. Glucose for possible poorly controlled diabetes
   4. Blood glucose for glucose level

KEY POINTS

1. Migraine headaches are typically unilateral and pulsatile in nature.
2. The most common types of headaches are tension headaches.
3. Oxygen is a great adjunct to treat all types of headaches.
4. Bell palsy never involves the arms or legs.
5. Any stressor can precipitate a vasovagal syncopal episode.

BIBLIOGRAPHY


