

Headache—When A Patient Needs Additional Care

When to Refer to a Headache Specialist¹

Knowing when to refer a patient to a headache specialist is an important aspect of providing optimal care. Consider the following reasons for referring a patient to a headache specialist:

- Diagnostic uncertainty
- Suspicion of a secondary headache syndrome
- Chronic daily headache
- Intractable or refractory to standard acute and/or prophylactic therapy
- Medication overuse headache
- Reassurance for patient or provider
- Comorbidities that impact on acute or prophylactic therapeutic decision-making
- Complications have developed from acute or prophylactic therapy

When to Hospitalize for the Treatment of Headache²

While the optimal goal for each headache patient is to be managed by their primary care physician or headache specialist, there are times when a patient may need to be hospitalized. Consider the following suggested reasons for hospitalization of patients with headache:

- **Severe dehydration**, for which inpatient intravenous therapy may be necessary
- Diagnostic suspicion (confirmed by appropriate diagnostic testing) of **organic etiology**, such as an infectious disorder involving the central nervous system (eg, brain abscess, meningitis), acute vascular compromise (eg, aneurysm, subarachnoid hemorrhage), or structural disorder with accompanying symptoms (eg, brain tumor)
- **Prolonged unrelenting headache with associated symptoms** such as nausea and vomiting which, if allowed to continue, would pose a further threat to the patient's welfare
- **Status migraine or dependence** on analgesics, ergots, opioids, barbiturates, or tranquilizers
- Pain that is accompanied by **serious adverse reactions or complications from therapy**—continued use of such therapy aggravates or induces further illness
- Pain that occurs in the presence of significant medical disease, but appropriate **treatment of headache symptoms aggravates or induces further illness**
- **Failed outpatient detoxification**, for which inpatient pain and/or psychiatric management may be necessary
- **Intractable and chronic cluster headache**, for which inpatient administration of histamine or DHE may be necessary
- Treatment requiring **copharmacy with drugs that may cause a drug interaction**, thus necessitating careful observation (eg, monoamine oxidase inhibitors and beta-blockers)

References: 1. National Headache Foundation. Standards of Care for Headache Diagnosis and Treatment. Chicago, IL: National Headache Foundation; 2008.
2. National Headache Foundation. Treating headaches in the hospital. *NHF Headlines*. 2005;147:6-7.

This material has been developed by GlaxoSmithKline.