

tadalafil, vardenafil), proton pump inhibitors, alcohol and nicotine

- head trauma
- stress, anxiety
- sensory stimulation—e.g. glare, smells, noise
- eye strain
- hormone changes—e.g. menstruation, pregnancy
- dehydration
- hypoglycemia (delayed or missed meals)
- strenuous physical activity
- inadequate sleep
- jaw tension and teeth grinding
- weather changes (barometric pressure)
- smoke, particularly from cigarettes
- poor posture
- infection.

Existing medical conditions should also be considered.

E. Prior treatment

Establish response to previous treatments. Optimal treatment for migraine may need to be refined over a series of attacks.²

Select appropriate action

F. The need to refer

Refer for further investigation in the following situation:^{2,4,7–9}

- warning symptoms occur with headache
- medication over-use headache is suspected
- the frequency or severity of headaches is rapidly escalating
- a new or different type of headache occurs
- the patient is aged under 18 years.²

Recommend treatment

G. Treatment options

Consider patient characteristics, existing medical conditions and previous treatment response.

Tension-type or migraine headache

- Paracetamol, aspirin and NSAIDs are useful first-line treatments in adults. Soluble

formulations may be preferable: patients with migraine have impaired absorption due to gastric stasis.^{1–4,6,7}

- Avoid aspirin in children under 18 years. Use paracetamol or ibuprofen instead.^{1–3}
- Avoid combination analgesics containing codeine. They may not be more effective than adequate doses of simple analgesics, may have more adverse effects and can slow absorption of other medications.^{1–4,6}
- No studies have examined the use of antihistamines (e.g. doxylamine) in tension-type headache or migraine. A sedating antihistamine may be useful if bed rest is desired.^{1,4}
- Consider a product containing metoclopramide for nausea or if simple analgesics do not reliably give relief from migraine.^{1,3,4,6,7}
- Physical therapy such as massage, stretching, heat and postural correction can relieve tension-type headache.^{1,2,4}
- Advise a patient with migraine to rest in a quiet, darkened room and avoid movement or activity (including reading or watching TV).^{1–4}

If simple analgesics fail, a migraine-specific agent may be needed.^{1–4,6,7}

Medication over-use headache

Treatment involves withdrawal of the over-used agent under medical supervision.^{2,3,4}

Provide counselling supported by written information

H. How to use the medication

Once a medicine is selected the patient needs to know how to use it, the correct dose, and any specific precautions³:

- *Paracetamol*. Do not take more than 4 g/24 hours (8 x 500 mg tablets or 6 x 665 mg tablets). Paracetamol is contained in many products: overdosing may be prevented by carefully checking the ingredients in all products.
- *Aspirin and NSAIDs*. Use only one NSAID at a time (excluding low-dose aspirin). Response to NSAIDs varies and it may be necessary to try a number of agents to determine the one that is most effective; use the lowest effective dose for the shortest possible time.
- *Metoclopramide*. Available in combination preparations with paracetamol; avoid high doses in the elderly and adolescents (under