

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## SCOPE

### **1 Guideline title**

Headaches: diagnosis and management of headaches in young people and adults

#### **1.1 Short title**

Headaches

### **2 The remit**

The Department of Health has asked NICE: 'To produce a clinical guideline on the diagnosis and management of headaches in adolescents and adults.'

### **3 Clinical need for the guideline**

#### **3.1 Epidemiology**

- a) Headache is the most common neurological problem presented to general practitioners and to neurologists. Headache accounts for 4% of primary care consultations and up to 30% of neurology appointments. The International Classification of Headache Disorders (ICHD-11) lists more than 200 headache types.
- b) Headache disorders are classified as primary or secondary. The most common primary headache disorders are tension-type headache, migraine and cluster headache. Secondary headaches are attributed to underlying disorders and include headache associated with giant cell arteritis, raised intracranial pressure and medication overuse.

- c) Headache disorders are a cause of pain and disability to individuals and also a significant societal burden. Migraine, for example, occurs in 15% of the UK adult population, and more than 100,000 people are absent from work or school as a result of migraine every working day.

### **3.2 Current practice**

- a) Healthcare professionals can find the diagnosis of headache difficult, and both people with headache and their healthcare professionals can be concerned about possible underlying causes.
- b) People with headache alone are unlikely to have underlying disease. Comparisons between people with headache referred to secondary care and those treated in primary care show that they do not differ in terms of headache impact or disability.
- c) Many people with headache do not have an accurate diagnosis of headache type. GPs lack confidence in their ability to diagnose common headache disorders and can feel under pressure to refer patients for specialist opinion and investigation. Most common headache types are diagnosed on clinical history, and most common primary headaches can be managed in primary care.
- d) Improved recognition of primary headaches would help the generalist clinician to manage headaches more effectively, allow better targeting of treatment and potentially improve patient quality of life and reduce unnecessary investigations.

## **4 The guideline**

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

## **4.1      *Population***

### **4.1.1    Groups that will be covered**

- a)       Young people (12 years and older) and adults.
- b)       Particular consideration will be given to the needs of girls and women of reproductive age.

### **4.1.2    Groups that will not be covered**

- a)       Children younger than 12 years.

## **4.2      *Healthcare setting***

- a)       All settings in which NHS care is received.

## **4.3      *Clinical management***

### **4.3.1    Key clinical issues that will be covered**

- a)       Diagnosis of the following primary headaches:
  - migraine with or without aura
  - menstrual related migraine
  - chronic migraine
  - tension-type headache
  - cluster headache.

Consideration will also be given to people whose headaches have characteristics of more than one primary headache syndrome.

- b)       Diagnosis of medication overuse headache.
- c)       Characteristics of headaches that may be related to serious underlying disease and need specific investigations and management.

- d) Acute pharmacological management of the headache types specified in 4.3.1 a with:
- antiemetics
  - aspirin
  - non-steroidal antiinflammatory drugs (NSAIDs)
  - opioids
  - oxygen
  - paracetamol
  - triptans.
- e) Prophylactic pharmacological treatment for the headache types specified in 4.3.1 a with:
- ACE inhibitors and angiotensin II receptor antagonists
  - antidepressants (serotonin–norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors and tricyclics)
  - beta blockers (for example, propranolol)
  - calcium channel antagonists
  - corticosteroids
  - lithium
  - melatonin
  - neuromodulators or anticonvulsants
  - serotonergic modulators (for example, pizotifen).
- f) Non-pharmacological treatment for the headache types specified in 4.3.1 a with:
- acupuncture
  - dietary supplements, (for example, magnesium, vitamin B12, coenzyme Q10 and riboflavin)
  - education and self-management programmes
  - imaging
  - lifestyle factors (dietary manipulation and exercise)
  - manual therapies

- psychological therapies (for example, cognitive behaviour therapy [CBT]).
- g) Information and support for patients and carers.
  - h) Prevention and treatment of medication overuse headache.
  - i) Management during pregnancy.
  - j) Choice of contraception in women with migraine.
  - k) Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.

#### **4.3.2 Clinical issues that will not be covered**

- a) Management of primary headaches other than those specified in 4.3.1 a.
- b) Investigation and management of secondary headache other than medication overuse headache.
- c) Diagnosis and management of cranial neuralgias and facial pain.
- d) Management of comorbidities.

#### **4.4 Main outcomes**

- a) Time to freedom from pain, and remaining pain free during the 24 hours following acute treatment.
- b) Changes in patient-reported headache frequency and intensity; for example, headache days in the past month, days lost from usual activity, measures of headache frequency, intensity and effect on life. This last point will be measured using headache specific

questionnaires, for example the headache impact test or migraine disability assessment test.

- c) Functional health status and health-related quality of life (for example using the SF-36 health survey or EuroQoL).
- d) Over-the-counter drug usage.
- e) Medication overuse headache.
- f) Resources use, including GP consultation, A&E attendance, investigations and referral to secondary care.

#### **4.5 *Economic aspects***

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually only be from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

Significant issues for potential health economic analysis are the cost effectiveness of imaging as a management strategy, and sequencing of drugs for treatment.

#### **4.6 *Status***

##### **4.6.1 *Scope***

This is the final scope.

##### **4.6.2 *Timing***

The development of the guideline recommendations will begin in December 2010.

## 5 Related NICE guidance

### 5.1 *Published guidance*

- Depression. NICE clinical guideline 90 (2009). Available from [www.nice.org.uk/guidance/CG90](http://www.nice.org.uk/guidance/CG90)
- Glaucoma. NICE clinical guideline 85 (2009). Available from [www.nice.org.uk/guidance/CG85](http://www.nice.org.uk/guidance/CG85)
- Medicines adherence. NICE clinical guideline 76 (2009). Available from [www.nice.org.uk/guidance/CG76](http://www.nice.org.uk/guidance/CG76)
- Head injury. NICE clinical guideline 56 (2007). Available from [www.nice.org.uk/guidance/CG56](http://www.nice.org.uk/guidance/CG56)
- Hypertension. NICE clinical guideline 34 (2006). Available from [www.nice.org.uk/guidance/CG34](http://www.nice.org.uk/guidance/CG34)
- Referral guidelines for suspected cancer. NICE clinical guideline 27 (2005). Available from [www.nice.org.uk/guidance/CG27](http://www.nice.org.uk/guidance/CG27)
- Anxiety. NICE clinical guideline 22 (2004). Available from [www.nice.org.uk/guidance/CG22](http://www.nice.org.uk/guidance/CG22)

### 5.2 *Guidance under development*

NICE is currently developing the following related guidance (details available from the NICE website):

- Percutaneous closure of patent foramen ovale for recurrent migraine. NICE Interventional procedure guidance. Publication expected Winter 2010.

## 6 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders' the public and the NHS'
- 'The guidelines manual'.

These are available from the NICE website ([www.nice.org.uk/GuidelinesManual](http://www.nice.org.uk/GuidelinesManual)). Information on the progress of the guideline will also be available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).