

# Headaches

Information for the public

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[nice.org.uk](http://nice.org.uk)

## About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about headaches that is set out in NICE guideline CG150.

This is an update of advice on headaches that NICE produced in 2012. The information on treatment to [reduce future migraine](#) has been updated.

### *Does this information apply to me?*

Yes, if you are aged 12 years or over and having problems with headaches.

## Headaches

Headaches are a very common health problem. They can be either [chronic](#) or [episodic](#), depending on how often they occur. Most headaches are primary headaches, which means that they do not have an underlying cause. Secondary headaches are those that are caused by another health problem or by medication.

The NICE guideline looks at 3 types of primary headache.

- Tension-type headache.

- Migraine, including migraine with aura and menstrual-related migraine.
- Cluster headache.

It also looks at 1 type of secondary headache:

- Medication overuse headache.

## Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include GPs, specialist nurses, [neurologist](#), pharmacists and pain specialists.

## Working with you

Your care team should talk with you about headaches. They should explain any symptoms, and any treatments you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. If you are a young person your parent or carer may be involved in helping to make decisions depending on your age. There is a [list of questions](#) you can use to help you talk with your care team.

You may also like to read NICE's information for the public on [patient experience in adult NHS services](#). This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

## Diagnosis

When you see a healthcare professional about your headaches, they should ask you to describe the headaches and any other symptoms you have. This is to check whether another health problem is causing your headaches. If your healthcare professional thinks your headaches might be secondary headaches they may refer you for tests or to see a specialist. They may do this if you have any of the following.

- An injury to your head that happened within the past 3 months.

- Headaches that are getting worse and that are accompanied by a fever.
- Headaches that start very suddenly.
- Problems with speech or balance that happen regularly and are getting worse.
- Problems with memory or changes in your behaviour that happen regularly and are getting worse.
- Feeling confused or disoriented.
- A change in your personality.
- Headaches that start after you have coughed or sneezed, or have been straining.
- Headaches that start after you have been exercising.
- Headaches that are worse when you are sitting or standing up.
- A red or painful eye.
- A substantial change in your headache symptoms.

You may also be referred for tests or to a specialist if you have never had the headaches before and you have any of the following:

- Your immunity is low, for example because you are HIV positive or are taking drugs that lower immunity.
- You are aged under 20 and have had any type of cancer.
- You have had a type of cancer that can spread to the brain.
- You are vomiting for no obvious reason.

### *Keeping a headache diary*

Your healthcare professional may ask you to keep a headache diary to help diagnose what kind of headache you have. They should ask you to keep your headache diary for at least 8 weeks. Your headache diary should record the following.

- How often you get the headache, how long it lasts and how painful it is.
- Any other symptoms you have before, during or after your headache.

- What medications you took for your headache.
- Anything you think might have triggered your headache.
- If you are a woman or girl aged 12 or over, whether your headache happens around the time of menstruation.

You may also be asked to keep a headache diary after you start treatment for your headache. This helps you to keep track of whether and how well your treatment is working. It also helps you to remember details about your headache so that you can discuss it with your healthcare professional.

### Common headache symptoms

Where is the headache?	What does it feel like?	How painful is it?	How long does it last?	Does it stop you from doing any of your usual activities, such as going to work or school?	What kind of headache is this?
Both sides of your head, face or neck.	Something is pressing or being tightened around your head.	Fairly painful.	At least 30 minutes.	No.	<i>Tension-type headache</i>
Either one or both sides of your head, face or neck.	Something is pulsating, throbbing or banging in your head. You are unusually sensitive to bright lights or loud sounds. You may feel sick or vomit.	Very painful.	At least 4 hours (or at least 1 hour if you are aged 17 or younger) and up to 3 days.	Yes.	<i>Migraine</i> <sup>1</sup>

One side of your head or face and around or above one of your eyes.	The pain can be sharp, burning, throbbing or tightening, or feel as if something is being tightened around your head or drilling into your head. You feel restless or agitated. Your forehead or face is sweaty. Your nose is blocked or running. Your eye on the side where you have the headache is red or watering, and the eyelid may be swollen or drooping.	Extremely painful.	At least 15 minutes and up to 3 hours. You have this headache at least every other day for at least 2 weeks.	Yes.	<b>Cluster headache</b>
<sup>1</sup> See <a href="#">other NICE guidance</a> for details of our guidance on preventing headaches in adults with chronic migraine.					

## *Migraine with aura*

Some people with migraine have symptoms called 'auras'. The auras can either happen on their own, without a migraine headache, or together with a migraine headache. Common symptoms of an aura are:

- problems with sight such as seeing flickering lights, spots or lines, or a loss of vision
- pins and needles or numbness
- problems speaking.

Auras are temporary. They take at least 5 minutes to develop, and last for between 5 minutes and 1 hour. If you have any common aura symptoms your healthcare professional should diagnose migraine with aura, even if you don't have a headache.

If you have less common aura symptoms, for example temporary muscle weakness, poor balance or feeling confused or disoriented, your healthcare professional may refer you for tests or to a [neurologist](#) or a GP with a special interest in headaches.

### *Menstrual-related migraine*

If you are a woman or girl aged 12 or over with migraine that usually happens around your period (from 2 days before to 3 days after your period starts), you should be asked to keep a headache diary for at least the next 2 periods. If you have migraine during any of the 5 days around your next 2 out of 3 periods, your healthcare professional should diagnose menstrual-related migraine.

There is more information about migraine in women aged 12 or over in [special considerations for women and girls with migraine](#).

### *Medication overuse headache*

If you often take painkillers, [NSAIDs](#), [triptans](#) or [ergots](#) for headaches, and your headaches become more frequent or worse, your healthcare professional should consider whether you have medication overuse headache. Medication overuse headache is especially common in people with migraine. The causes of medication overuse headache are not known.

## **Information and support**

After your healthcare professional has ruled out any other health problems causing your headache, they should explain the type of headache that you have and options for treatment. They should reassure you that your headache is not the result of a more serious health problem. They should also talk with you about your headache and the impact it can have on you and your family or carers. You should be given information about your headache in a format suitable for you, and information about support organisations and websites. If you are taking painkillers or triptans for your headache, your healthcare professional should explain the risk of medication overuse headache to you.

## Treatments for tension-type headache

### *Pain relief*

Your healthcare professional should offer you a painkiller, which may be aspirin, [paracetamol](#) or an [NSAID](#), to help relieve tension-type headache. They should take into account your preferences, any other health problems you have and the possible side effects of each drug.

If you are aged under 16 you should not be offered aspirin.

You should not be offered an [opioid](#) to treat tension-type headache.

### *Reducing future tension-type headache*

If you have tension-type headaches on 15 days per month or more you may be offered a course of up to 10 sessions of [acupuncture](#) to help prevent future tension-type headache.

## Treatments for migraine

### *Relief from migraine*

Although there is no cure for migraine, there are treatments that can help.

Your healthcare professional should offer you a [triptan](#) together with either an [NSAID](#) or [paracetamol](#) to help relieve migraine. If you prefer to take only 1 drug, they may offer you a triptan, an NSAID, high-dose aspirin or paracetamol. They may also offer you an [anti-emetic](#). All of these drugs are [oral](#) drugs. If you are unable to take oral drugs, or they do not work well, you should be offered [metoclopramide](#) or [prochlorperazine](#), which are [non-oral](#) drugs. You may also be offered a non-oral NSAID or triptan.

If you are aged under 16 you should not be offered aspirin.

You should not be offered an [ergot](#) or an [opioid](#) to treat migraine.

## *Reducing future migraine*

Your healthcare professional should discuss the benefits and risks of treatment to reduce future migraine with you. If you decide to have treatment to help prevent future migraine they should offer you [topiramate](#) or [propranolol](#). You may be offered [amitriptyline](#) as a treatment option, depending on your preferences, any other health problems you have and the possible side effects of the drug. You should not be offered gabapentin because evidence shows that it is not effective in preventing migraine.

Topiramate can cause birth defects, and your healthcare professional should discuss this with you if it's possible that you could become pregnant. They should also check what type of contraception you are using, and change it if necessary, because topiramate can make some types of contraceptive drugs less effective.

If neither topiramate nor propranolol are suitable or work well for you, you may be offered a course of up to 10 sessions of acupuncture.

If you are already having a different drug treatment to help prevent future migraine and the treatment is working well, you should continue it.

Your healthcare professional should check how well the treatment you are having to help prevent migraine is working 6 months after you start taking it. Your healthcare professional should tell you that for some people supplements of [riboflavin](#) may help to reduce the number and severity of migraines.

If you have menstrual-related migraine there is more information in [special considerations for women and girls with migraine](#).

## **Special considerations for women and girls with migraine**

### *Menstrual-related migraine*

If the painkillers you take for your migraine aren't working well, your healthcare professional may offer you either [frovatriptan](#) or [zolmitriptan](#) to help prevent migraine. You take this on the days of your cycle when you would normally expect to get a migraine.



## *Contraception*

If you have [migraine with aura](#) you should not usually be offered the combined pill for contraception.

## *Pregnancy*

If you are pregnant your healthcare professional should offer you [paracetamol](#) to help relieve migraine. They may offer you a [triptan](#) or an [NSAID](#) after discussing the risks and benefits of taking these drugs during pregnancy with you.

## **Treatments for cluster headache**

### *Pain relief*

Your healthcare professional should offer you oxygen and/or a [triptan](#) to help relieve your cluster headache. The oxygen comes in a cylinder and you breathe it in through a mask. The mask should not have any holes in the sides and should be connected to a reservoir bag. The triptan comes either as an injection that you can give yourself or in a nasal spray. Your healthcare professional should arrange for you to have oxygen cylinders for use at home and cylinders that you can carry with you to use wherever you are. They should also make sure you are offered enough triptan for your needs. You should not be offered [paracetamol](#), an [NSAID](#), an [opioid](#), an [ergot](#) or a triptan in tablet or capsule form to help relieve cluster headache.

### *Reducing future cluster headache*

You may be offered [verapamil](#) to help prevent future cluster headache.

## **Treatment for medication overuse headache**

Your healthcare professional should explain that medication overuse headache is treated by stopping headache medications. They should ask you to stop all drugs such as painkillers or [triptans](#) for at least 1 month and to stop all at once rather than gradually. Your healthcare professional should explain that your headache is likely to get worse in the short term before it improves and that you may have temporary symptoms of withdrawal, such as feeling sick or having problems sleeping. You should be offered any support you need to help you stop taking these drugs. If you also have another type of headache such as migraine or tension-type headache, your healthcare

professional may offer you treatment to help prevent the other type of headache, as well as advising you to stop taking regular headache medications.

If you are using a strong [opioid](#), or you have other health problems, or you have tried stopping painkillers, triptans or [ergots](#) before and it has not worked, your healthcare professional may refer you to a specialist or to hospital.

Your healthcare professional should see you 4 to 8 weeks after you stop taking the drugs to check whether stopping has reduced your medication overuse headache.

## Off-label medicines

At the time of publication, some of the medicines mentioned here may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you. See [terms explained](#) for more information.

## Questions to ask about headaches

These questions may help you discuss your headache or the treatments you have been offered with your healthcare team.

### *Diagnosis*

- Can you give me more details about how my headache is diagnosed?
- Will I need to have any special tests?
- Is my headache a symptom of something else?
- Can you tell me more about the type of headache I have?
- Why do I get this headache?

### *Information and support*

- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?
- How will my headache affect my work or studies, and my social life?

- Is there any employment information available, or help to support me at school and through my exams?
- How will the headache affect me over the rest of my life?

### *For family members, friends or carers*

- What can I/we do to help and support the person with headache?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

### *Treatment*

- Is there a cure for my headache?
- Is there anything I can do to help myself, like changing my diet or lifestyle?
- What treatments are available for my headache?
- Can you tell me why you have decided to offer me this particular type of treatment?
- What are the pros and cons of this treatment? What will it involve?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- How long should I take it for?
- Should I stay on this dose?

### *Side effects of treatment*

- Are there any risks or side effects associated with this treatment?
- What are my options for taking treatments other than the one you have offered me?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Are there any long-term effects of taking this treatment?

## *For women and girls*

- What should I do if I am planning to become pregnant?
- Will this treatment affect my choice of contraception?

## Terms explained

### *Acupuncture*

A type of therapy that involves inserting fine, solid needles at different points in the body.

### *Amitriptyline*

A drug often used for depression, although it has other uses. It can help to prevent migraine. At the time of publication amitriptyline may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

### *Anti-emetic*

A type of drug used to help stop nausea and vomiting. It can also relieve migraine pain. Examples include metoclopramide and domperidone.

### *Chronic*

Occurring frequently over a long period of time.

### *Episodic*

Occurring from time to time and not at regular intervals.

### *Ergot*

A type of drug used to relieve migraine pain. It is usually avoided because of its side effects. An example is ergotamine.

## *Frovatriptan*

A form of [triptan](#) used to relieve migraine pain. At the time of publication frovatriptan may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Metoclopramide*

A type of drug used to help stop nausea and vomiting. It can also relieve migraine pain.

## *Neurologist*

A doctor who specialises in conditions involving the brain.

## *Non-oral*

Not taken by mouth and not absorbed from the stomach. Examples include nasal sprays, injections and suppositories.

## *NSAID (short for non-steroidal anti-inflammatory drug)*

A type of drug that reduces inflammation and pain. Examples include diclofenac, ibuprofen and naproxen.

## *Off-label*

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet. There is more information about licensing medicines on [NHS Choices](#).

## *Opioid*

A type of painkiller used for moderate to severe pain. Examples of weak opioids include codeine and dihydrocodeine. Examples of strong opioids include buprenorphine, diamorphine, fentanyl and oxycodone.

## *Oral*

Taken as a tablet or capsule and absorbed from the stomach.

## *Paracetamol*

A type of painkiller used for mild to moderate pain.

## *Prochlorperazine*

A type of drug used to help stop nausea and vomiting. It can also relieve migraine pain. At the time of publication prochlorperazine may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Propranolol*

A drug used to treat high blood pressure and heart conditions. It can help to prevent migraine. At the time of publication propranolol may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Riboflavin*

Vitamin B<sub>2</sub>. At the time of publication riboflavin may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Topiramate*

A drug used to help prevent seizures (fits) in epilepsy. It can help to prevent migraine. At the time of publication topiramate may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Triptan*

A type of drug used to relieve migraine pain. Examples include almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan and zolmitriptan. At the time of publication some triptans may be recommended for '[off-label](#)' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Verapamil*

A type of drug used to treat heart conditions. It can help to prevent cluster headache. At the time of publication verapamil may be recommended for 'off-label' use in this guideline. Your doctor should tell you this and explain what it means for you.

## *Zolmitriptan*

A form of triptan used to relieve migraine pain. At the time of publication zolmitriptan may be recommended for 'off-label' use in this guideline. Your doctor should tell you this and explain what it means for you.

## Sources of advice and support

- Migraine Action, 0116 275 8317  
[www.migraine.org.uk](http://www.migraine.org.uk)
- OUCH(UK), 01646 651 979  
[www.ouchuk.org](http://www.ouchuk.org)
- The Migraine Trust, 020 7631 6970  
[www.migrainetrust.org](http://www.migrainetrust.org)

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

## Other NICE guidance

- [Botulinum toxin type A for the prevention of headaches in adults with chronic migraine \(2012\)](#)  
NICE technology appraisal guidance 260

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## Accreditation

