

# Headaches in over 12s

Quality standard

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[www.nice.org.uk/guidance/qs42](https://www.nice.org.uk/guidance/qs42)

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This standard is based on CG150.

This standard should be read in conjunction with QS15.

## Quality statements

Statement 1 People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Statement 2 People with a primary headache disorder are given information on the risk of medication overuse headache.

Statement 3 People with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Statement 4 People with migraine are advised to take combination therapy with a triptan and either a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

Statement 5 (placeholder) Raising public and professional awareness.

# Quality statement 1: Classification of headache type

## Quality statement

People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

## Rationale

Classifying headache type according to the features of the headache will allow people with a primary headache disorder to receive appropriate treatment and prevention for their headaches. It is recognised that some people will have more than one headache disorder and therefore have more than one classification. Accurate classification and treatment has the potential to reduce referrals for unnecessary investigations and contribute to improved quality of life for people with a headache disorder.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that people diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

**Data source:** Local data collection.

## Process

Proportion of people diagnosed with a primary headache disorder who have their headache type classified as part of the diagnosis.

**Numerator** – the number of people in the denominator who have their headache type classified as part of the diagnosis.

**Denominator** – the number of people diagnosed with a primary headache disorder.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure that systems are in place for people diagnosed with a primary headache disorder to have their headache type classified as part of the diagnosis.

**Healthcare practitioners** ensure that people diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

**Commissioners** ensure that they commission services that classify headache type for people diagnosed with a primary headache disorder as part of the diagnosis.

**People with a headache disorder** with no known cause (sometimes called a primary headache disorder) have the type of their headache classified as part of their diagnosis. Common headache types include tension-type headache, migraine and cluster headache.

## Source guidance

Headaches in over 12s: diagnosis and management. NICE guideline CG150 (2012, updated 2025), recommendations 1.2.1, 1.1.1 and 1.1.2

## Definitions of terms used in this quality statement

### Primary headache disorders

These include tension-type headache, migraine and cluster headache, as defined in the headache features table (see the NICE guideline on headaches in over 12s) and which have been diagnosed as a result of excluding other causes and taking a history.

## Excluding other causes

The signs and symptoms of secondary headaches for which further investigations and/or referral may be considered as:

- worsening headache with fever
- sudden-onset headache reaching maximum intensity within 5 minutes
- new-onset neurological defect
- new-onset cognitive dysfunction
- change in personality
- impaired level of consciousness
- recent (typically within the past 3 months) head trauma
- headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze
- headache triggered by exercise
- orthostatic headache (headaches that change with posture)
- symptoms suggestive of giant cell arteritis
- symptoms and signs of acute narrow-angle glaucoma
- a substantial change in characteristics of their headache.

Criteria for which further investigations and/or referral may be considered for people who present with new-onset headache are:

- compromised immunity, caused, for example, by HIV or immunosuppressive drugs
- age under 20 years and a history of malignancy
- a history of malignancy known to metastasise to the brain
- vomiting without other obvious cause (for example a migraine attack).

[Adapted from [NICE's guideline on headaches in over 12s](#), recommendations 1.1.1 and 1.1.2]

## Equality and diversity considerations

The diagnosis of a primary headache disorder is usually based on subjective symptoms. Some people may need support to accurately describe their symptoms, including children and those with additional needs such as physical, sensory or learning disabilities and people who do not speak English. The support should be tailored to the person, and people presenting with a headache should have access to an interpreter or advocate if needed.



# Quality statement 2: Preventing medication overuse headache

## Quality statement

People with a primary headache disorder are given information on the risk of medication overuse headache.

## Rationale

Medication overuse is a cause of secondary headaches in people with a primary headache disorder. Providing information to people with a primary headache disorder about the risk of medication overuse may prevent these secondary headaches.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that people with a primary headache disorder are given information on the risk of medication overuse headache.

**Data source:** Local data collection.

## Process

Proportion of people with a primary headache disorder who are given information on the risk of medication overuse headache.

Numerator – the number of people in the denominator who are given information on the risk of medication overuse headache.

Denominator – the number of people with a primary headache disorder.

**Data source:** Local data collection.

## Outcome

Incidence of medication overuse headache.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure that systems are in place for people with a primary headache disorder to be given information on the risk of medication overuse headache.

**Healthcare practitioners, including pharmacists**, give people with a primary headache disorder information on the risk of medication overuse headache.

**Commissioners** ensure that they commission services that give people with a primary headache disorder information on the risk of medication overuse headache.

**People with a headache disorder** with no known cause are given information about the risk of too much medication causing more headaches.

## Source guidance

Headaches in over 12s: diagnosis and management. NICE guideline CG150 (2012, updated 2025), recommendation 1.3.6

## Definitions of terms used in this quality statement

### Primary headache disorders

These include tension-type headache, migraine and cluster headache, as defined in the headache features table (see the NICE guideline on headaches in over 12s) and which

have been diagnosed as a result of excluding other causes and taking a history.

## **Medication overuse headaches**

These are headaches associated with taking too much medication. They most commonly occur in people taking medication for a primary headache disorder, especially for tension-type headaches and migraine.

## **Equality and diversity considerations**

All information given about the risk of medication overuse headache should be culturally appropriate and accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with a primary headache disorder should have access to an interpreter or advocate if needed.

It may be appropriate in some cases, particularly with young people, to provide information to parents and carers as well as the person with the headache disorder.

# Quality statement 3: Imaging

## Quality statement

People with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

## Rationale

Referral for imaging solely for reassurance is most common in people diagnosed with tension-type headache and migraine. Therefore, the potential to reduce inappropriate referrals is greatest for these headache types. When healthcare professionals are confident about the diagnosis and classification of tension-type headache or migraine, imaging provides no more information and can lead to delays in diagnosis and treatment, and unnecessary anxiety for people.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that people with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

**Data source:** Local data collection.

## Process

Proportion of people with a tension-type headache or migraine who are referred for imaging.

**Numerator** – the number of people in the denominator referred for imaging.

**Denominator** – the number of people with tension-type headache or migraine.

**Data source:** Local data collection.

## Outcome

Rate of positive findings of cause of headache on imaging.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure that systems are in place so that people with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

**Healthcare practitioners** do not refer people for imaging if they have tension-type headache or migraine and no signs or symptoms of secondary headache.

**Commissioners** ensure that they commission services that do not refer people for imaging if they have tension-type headache or migraine and no signs or symptoms of secondary headache.

**People with tension-type headache or migraine** are not referred for a brain scan if they do not have signs or symptoms of other conditions known to cause headaches.

## Source guidance

Headaches in over 12s: diagnosis and management. NICE guideline CG150 (2012, updated 2025), recommendations 1.3.3, 1.1.1 and 1.1.2

## Definitions of terms used in this quality statement

### Signs and symptoms of secondary headache

Signs and symptoms of secondary headache are:

- worsening headache with fever
- sudden-onset headache reaching maximum intensity within 5 minutes
- new-onset neurological defect
- new-onset cognitive dysfunction
- change in personality
- impaired level of consciousness
- recent (typically within the past 3 months) head trauma
- headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze
- headache triggered by exercise
- orthostatic headache (headaches that change with posture)
- symptoms suggestive of giant cell arteritis
- symptoms and signs of acute narrow-angle glaucoma
- a substantial change in characteristics of their headache.

Criteria for which further investigations and/or referral may be considered for people who present with new-onset headache are:

- compromised immunity, caused, for example, by HIV or immunosuppressive drugs
- age under 20 years and a history of malignancy
- a history of malignancy known to metastasise to the brain
- vomiting without other obvious cause (for example a migraine attack).

[Adapted from [NICE's guideline on headache in over 12s](#), recommendations 1.1.1 and 1.1.2]

## Imaging

Imaging includes CT, MRI or MRI variants.

## Equality and diversity considerations

Some people may be anxious about not being referred for imaging and may need reassurance. Reassurance should take into account the needs of the individual, particularly any cultural needs, physical, sensory or learning disabilities, and of people who do not speak or read English. People should have access to an interpreter or advocate if needed.

# Quality statement 4: Combined treatment for migraine

## Quality statement

People with migraine are advised to take combination therapy with a triptan and either a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

## Rationale

Correct treatment can relieve the symptoms of migraine and improve quality of life. Previously, people with migraine would have been treated with a stepped-care approach; however, evidence shows that combination therapy with a triptan and either an NSAID or paracetamol is the most effective first-line treatment for migraine.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that people with migraine are advised to take combination therapy with a triptan and either an NSAID or paracetamol.

**Data source:** Local data collection.

## Process

Proportion of people with migraine who are advised to take combination therapy with a triptan and either an NSAID or paracetamol.

Numerator – the number of people in the denominator who are advised to take



combination therapy with a triptan and either an NSAID or paracetamol.

Denominator – the number of people with migraine.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure that systems are in place for people with migraine to be advised to take combination therapy with a triptan and either an NSAID or paracetamol.

**Healthcare practitioners** advise people with migraine to take combination therapy with a triptan and either an NSAID or paracetamol.

**Commissioners** ensure that they commission services that advise people with migraine to take combination therapy with a triptan and either an NSAID or paracetamol.

**People with migraine** are advised to take a type of drug called a triptan, to be taken with either a type of drug called a non-steroidal anti-inflammatory drug (sometimes called an NSAID) or paracetamol.

## Source guidance

Headaches in over 12s: diagnosis and management. NICE guideline CG150 (2012, updated 2025), recommendation 1.3.10

## Definitions of terms used in this quality statement

### Use of triptans

For adults, an oral triptan should be offered as part of combination therapy. For young people aged 12 to 17 years, a nasal triptan should be considered in preference to an oral triptan.

In June 2025, this was an off-label use of triptans (except nasal sumatriptan) in under 18s.

See [NICE's information on prescribing medicines](#).

## **NSAIDs, paracetamol and some triptans**

These are available over the counter at pharmacies and therefore may not always require a prescription.

## **Equality and diversity considerations**

To ensure treatment is effective, it should take into account the person's age, preference, comorbidities and risk of adverse events.

# Quality statement 5 (placeholder): Raising public and professional awareness

## What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no NICE or NICE-accredited guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be accredited or developed in this area, and this area may be addressed when the source guidance is updated.

## Rationale

Raising public and professional awareness of primary headache disorders has the potential to improve the quality of life for young people and adults with a primary headache disorder. This disorder remains under-diagnosed because often people do not consult a healthcare professional to obtain an accurate diagnosis. In some cases this leads to self-medication, which may be inappropriate and can lead to medication overuse headache. Raising public and professional awareness of headaches could increase the number of people consulting healthcare professionals, leading to an increase in accurate diagnoses and appropriate treatment and prevention of headaches.

# Update information

## Minor changes since publication

**June 2025:** A minor amendment was made to part of the definition on the use of triptans, regarding off-label use in statement 4, to align with [NICE's guideline on headaches in the over 12s](#).

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Good communication between healthcare practitioners and young people and adults with headache is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Young people and adults with headache should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Association of British Neurologists \(ABN\)](#)
- [Migraine Action](#)
- [Royal College of Radiologists](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Migraine Trust](#)
- [Musculoskeletal Association of Chartered Physiotherapists](#)
- [UK Clinical Pharmacy Association \(UKCPA\)](#)
- [Royal College of Paediatrics and Child Health](#)
- [British Association for the Study of Headache](#)