

APPENDIX 2

“RED FLAGS” – CHECK LIST

The following features should alert you to a secondary cause of headache:

- abrupt onset of an unusually severe headache particularly if precipitated by Valsalva manoeuvres (cough, sneeze, strain), position change, head turning, exercise, or coitus and associated with neurologic symptoms;
- a complaint that a particular headache is “different” from others previously described;
- sub acute and progressive headache (‘tension-type’) over days or months;
- headache which is constant and unremitting;
- headache associated with nausea, vomiting, and fever not explained by systemic illness such as flu;
- new onset (<3/12) headache in adult life (>50 years), especially if migraine, cluster or tension-type like, or significant change in an established pattern of a longstanding headache eg vomiting with ‘tension-type’ headache;
- recent (days – 2-3/52) headache due to trauma especially if it follows loc (even if only momentarily);
- headaches associated with nocturnal occurrence or morning wakening (and lessening during the day);
- headaches associated with neurologic signs or symptoms such as confusion; decreased level of alertness or consciousness or cognition, meningismus, changes in personality or behaviour;
- systemic symptoms such as fever, jaw claudication, weight loss, myalgia;
- new (days – 2-3/52) headache associated with distal spinal pain;
- new (<3/12) headache with history of cancer;
- headache with family history of aneurysm or other vascular anomalies;
- onset of migraine or ‘cluster-like’ headache for the first time during pregnancy

If the patient:

- has a history of stable symptoms exceeding 6 months;
 - has been assessed by a Neurologist or Physician;
 - has had an MRI/CT scan - MR angiography (if aneurysm suspected);
- then it is likely that you are dealing with a benign recurring (primary) headache.

