HEADACHE in NHS LOTHIAN – TO CT OR NOT TO CT

Thunderclap headache
“First or Worst”

New onset headache
Change in nature of the headache
Headaches not responding to treatment

REFER URGENTLY TO:
- NEUROSURGERY SpR (for proven Subarachnoid Haemorrhage)
- GENERAL MEDICINE or NEUROLOGY SpR (WGH) (for suspected Subarachnoid Haemorrhage)

Plus:
- Abnormal neurology (new)
- papilloedema

Red flag (SIGN 107) present:
- New onset or change in headache and age >50 years
- History of cancer
- History of HIV
- Personality change
- Headache wakes patient
- Headache precipitated by valsalva manoeuvre (e.g. cough, straining), or by physical exertion
- Headache changes with posture
- Patients with risk factors for cerebral venous sinus thrombosis
- Associated fever (consider meningitis / encephalitis and urgent referral)

REFER TO NEUROLOGY

REFER FOR CT HEAD or CONSIDER NEUROLOGY REFERRAL (depending on condition)
- If carrying out CT, counsel patient on risk of incidental findings / radiation exposure

Relevant abnormality on CT

NO

YES

NO

YES

Review headache management guidelines for General Practitioners
http://www.18weeks.scot.nhs.uk/patient-pathways/neurological-services/

Neurology referral at GP discretion

There is no evidence that performing CT head ‘for reassurance’ does relieve health anxiety on average in the long term and may worsen anxiety in some because of a 10% risks of incidental findings/ artefact. One CT head scan is equivalent to 100 chest x rays of radiation exposure (or one year of background radiation). Neither CT or MRI detect all sinister causes of headache.