Clinical Pearls in the Management of Post-Traumatic Headache

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Faculty/Presenter Disclosure

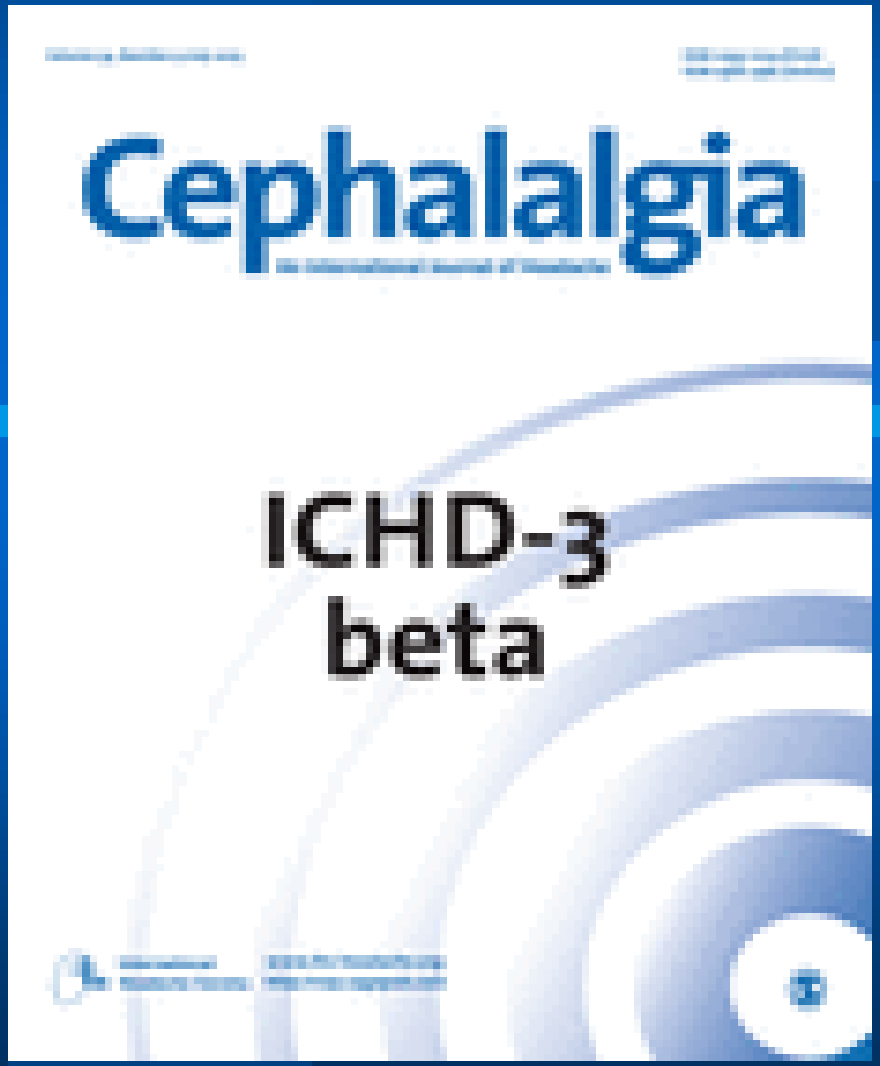
- **Relationships with industry:**
  - **Unrestricted educational grants, participation in advisory Boards or consultant for the following companies:**
    - **Abbvie**
    - **Eli Lily**
    - **Lundbeck**
    - **Novartis**
    - **Pfizer**
    - **Searchlight**
    - **Teva**
- **All medications for post-traumatic headaches are off-label**

Learning Objectives

1. Highlight the Approach to the Patient With Post-Traumatic Headache (PTH)

2. Examine Pearls & Pitfalls in PTH Management

How Do You Diagnose PTH?



Chapter 5.

Headache attributed to trauma or injury to the head and/or neck

Chapter 5: Headache Attributed to Trauma or Injury to the Head and/or Neck

- **5.1 Acute headache attributed to traumatic injury to the head**
- **5.2 Persistent headache attributed to traumatic injury to the head**
- 5.3 Acute headache attributed to whiplash
- 5.4 Persistent headache attributed to whiplash

What is Post-Traumatic Headache?

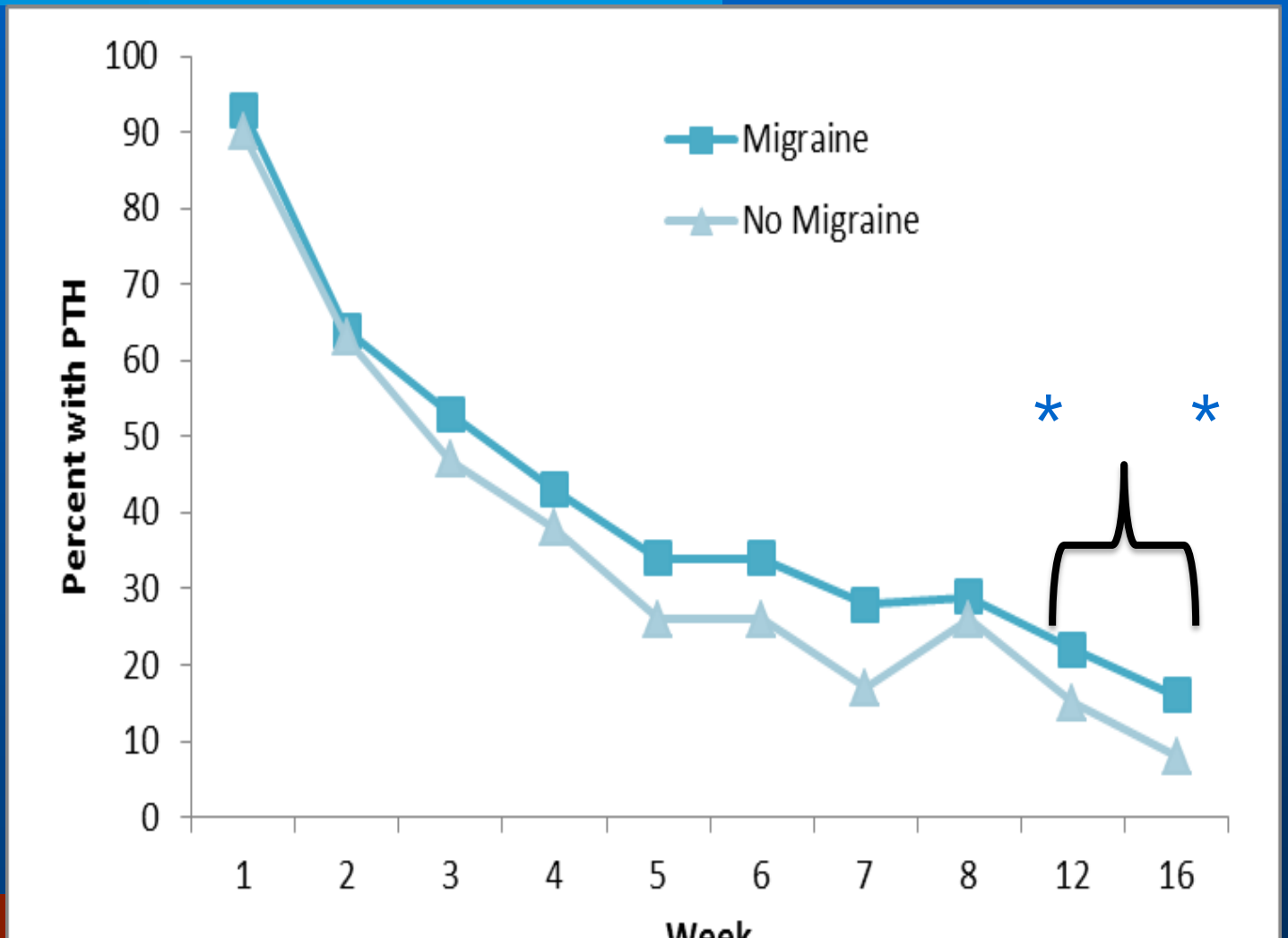
- NEW headache
- Significant EXACERBATION of an underlying primary headache disorder

5.2 Persistent Headache Attributed to Traumatic Injury to the Head

- **A- headaches, no typical characteristics known**
- **B- Meets criteria for mild or moderate/severe injury**
- **C- headache develops within 7 days of trauma**
- **D- headache continues for > 3 months post trauma**

Toronto Concussion Study: PTH Recovery Trajectory

85-90% return to pre-injury headache baseline by 16 weeks



Factors involved Perpetuating PTH?

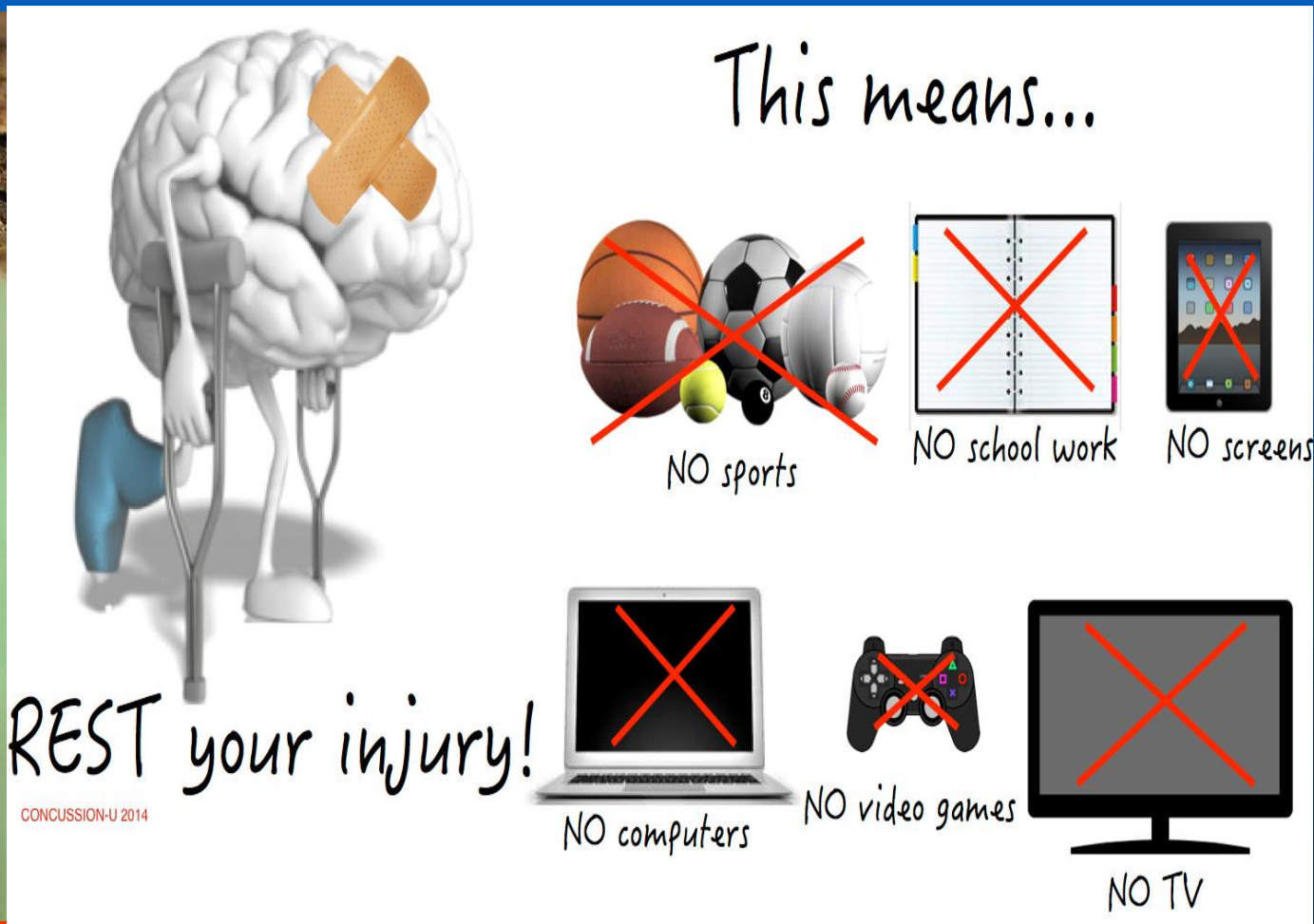
1. Physical Factors
2. Medical Factors
3. Mental Health, Personality and Coping
4. Situational Factors
5. Iatrogenic Factors
6. Compensation Factors

Approach to the Patient with PTH

- Take a Good History
- Review medical records
- Screen For and Address
  - Insomnia, Depression, Anixety, PTSD
  - Medication Overuse
- Understand and address patient's questions & concerns
- Educate on lifestyle and non-pharmacologic strategies
- Select appropriate acute and prophylactic therapies
- Refer when appropriate

Pearls and Pitfalls in the Management of PTH?

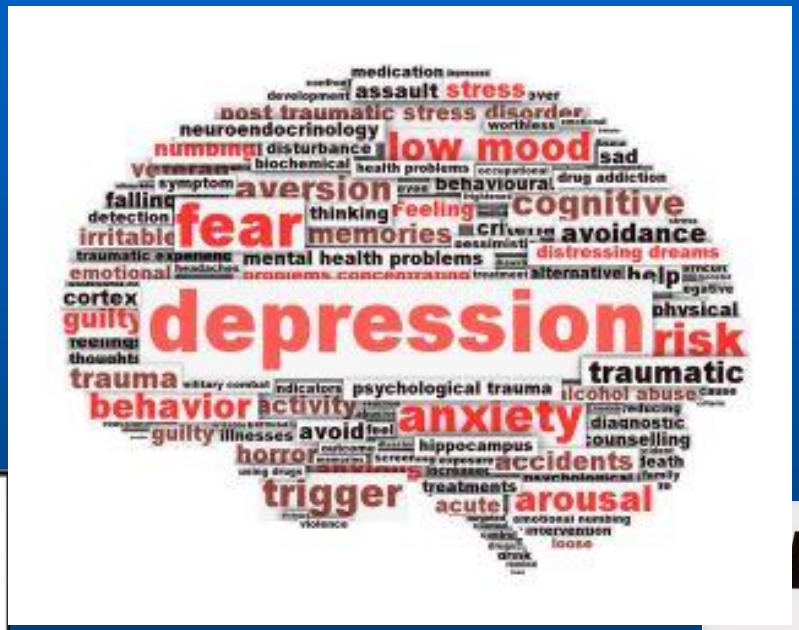
Pearl #1
The Pendulum Has Swung Too Far Towards Rest

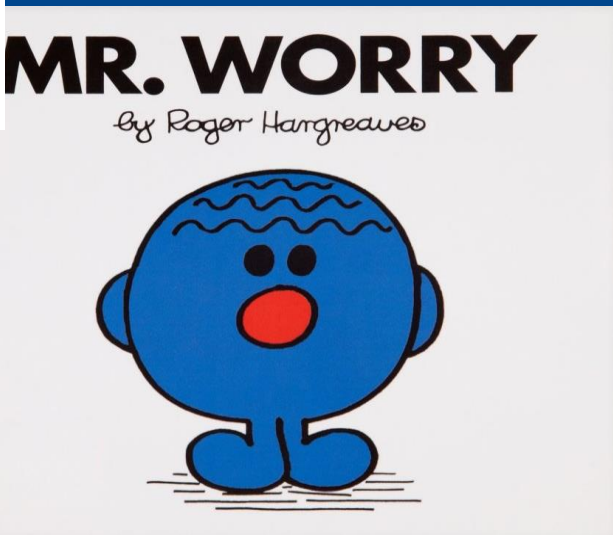


Pearl #2

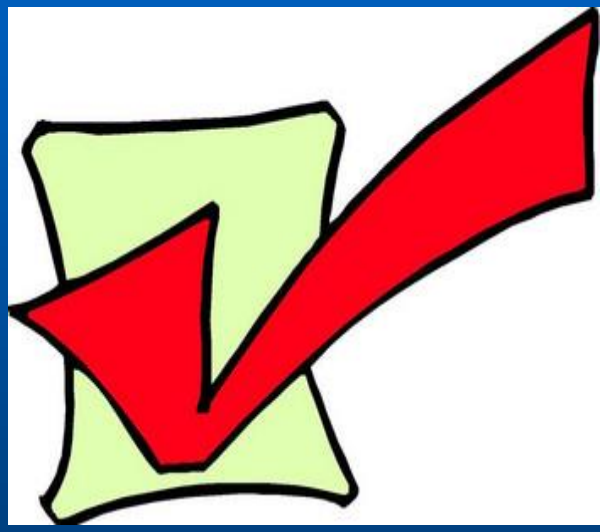
Concussion Has Become a Business –This is Problematic and You Need to Be Part of the Solution

Pearl #3 - The Person To Whom the Injury Happens Is The Most Important Factor





Pearl #4



Most physicians don’t know how to treat PTH:

So, encourage referral to someone who has experience in PTH (if that is not you)

REVIEW ARTICLE Open Access

Acute and preventive pharmacological treatment of post-traumatic headache: a systematic review

Eigil Lindekilde Larsen[1†], Håkan Ashina[1†], Afrim Iljazi[1], Haidar Muhsen Al-Khazali[1], Kristoffer Seem[1], Messoud Ashina[1], Sait Ashina[2†] and Henrik Winther Schytz[1*†]

Larsen *et al. The Journal of Headache and Pain* (2019) 20:98

Conclusion: We found that there is a lack of high-quality evidence-based studies on the pharmacological treatment of PTH. Future studies are highly needed and must emphasize open-label studies with rigorous methodology or RCTs with a placebo-controlled design.

Pearl #5
Pain Does NOT
Need to be Medicated to 0/10

Rebound Headache – Medications Can CAUSE More Headaches

- Simple analgesic >15 days month
- Combination meds >10 days/month
- Opiods >10 days/month
- Triptans > 10 days/month

ACUTE MEDICATIONS

- **Non-specific**
  - NSAIDs, Acetominophen, ASA
  - Caution with analgesics with caffeine
  - AVOID T#1, T#2, T#3, Percocet, Oxycocet !!!
  - AVOID Tramacet, Tramadol, Oxycontin, Fiorinal !!!
- **Migraine**
  - Triptans / Gepants
  - Anti-emetics

When Should Prophylactic Therapy Be Considered?

Lifestyle Strategies

- Consistent bedtime/waketime
- Regular meals, breakfast, no skipped meals
- Good hydration
- Avoid excessive, fluctuating caffeine
- Regular exercise
- Mindfulness/Relaxation strategies

Preventive Medications (all off-label)

- **Antidepressants**
  - TCAs (amitriptyline, nortriptyline)
- **Beta blockers**
  - Propranolol
  - Nadolol
- **Anticonvulsants**
  - Topiramate
  - Gabapentin
- **Interventional**
  - Botulinum toxin A (BOTOX)
  - Nerve Blocks
- **Neutraceuticals**
  - Riboflavin, Magnesium
  - Melatonin
- **Migraine-Specific**
  - CGRP monoclonal antibodies
  - Gepants

Pearls for Preventing Headache

- Educate and prescribe reality
- Do no harm
- Try for “two for’ s”
- Start low; go *very* slow (with oral meds)

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QUESTIONS?