

Efficacy of a dedicated Acute Headache Centre in management of not otherwise specified headache in the Emergency Room: a four-year study



A. Granato, J. Fantini, N. Koscica, P. Manganotti

Department of Medical Sciences, Neurologic Clinic, Headache Centre, University of Trieste, Italy

Background

"Not otherwise specified" (NOS) headache is a frequent diagnosis in Emergency Department (ED) (15.7%-46%), not specifically treated, and rarely referred to the Headache Centre.

Introduction

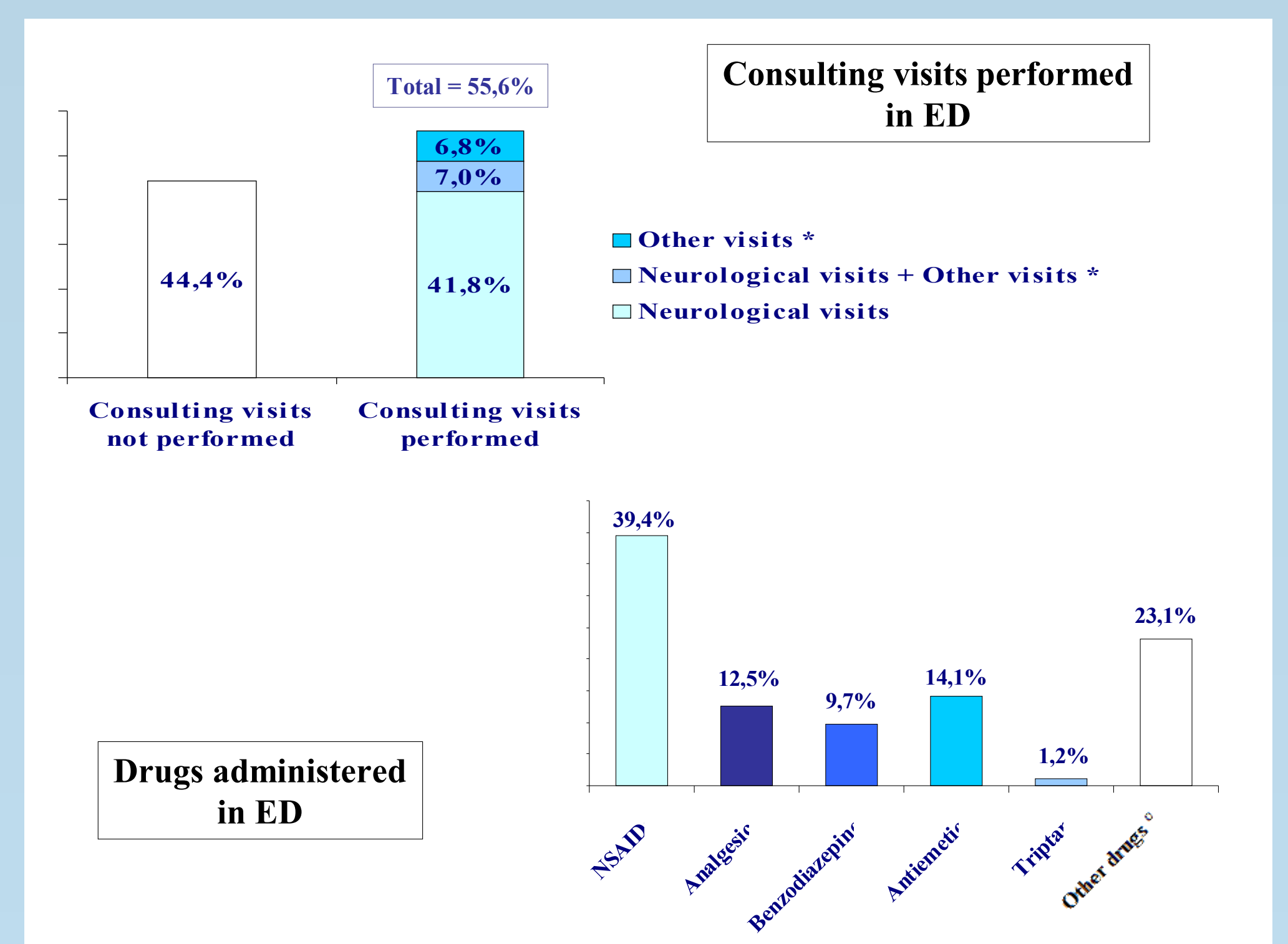
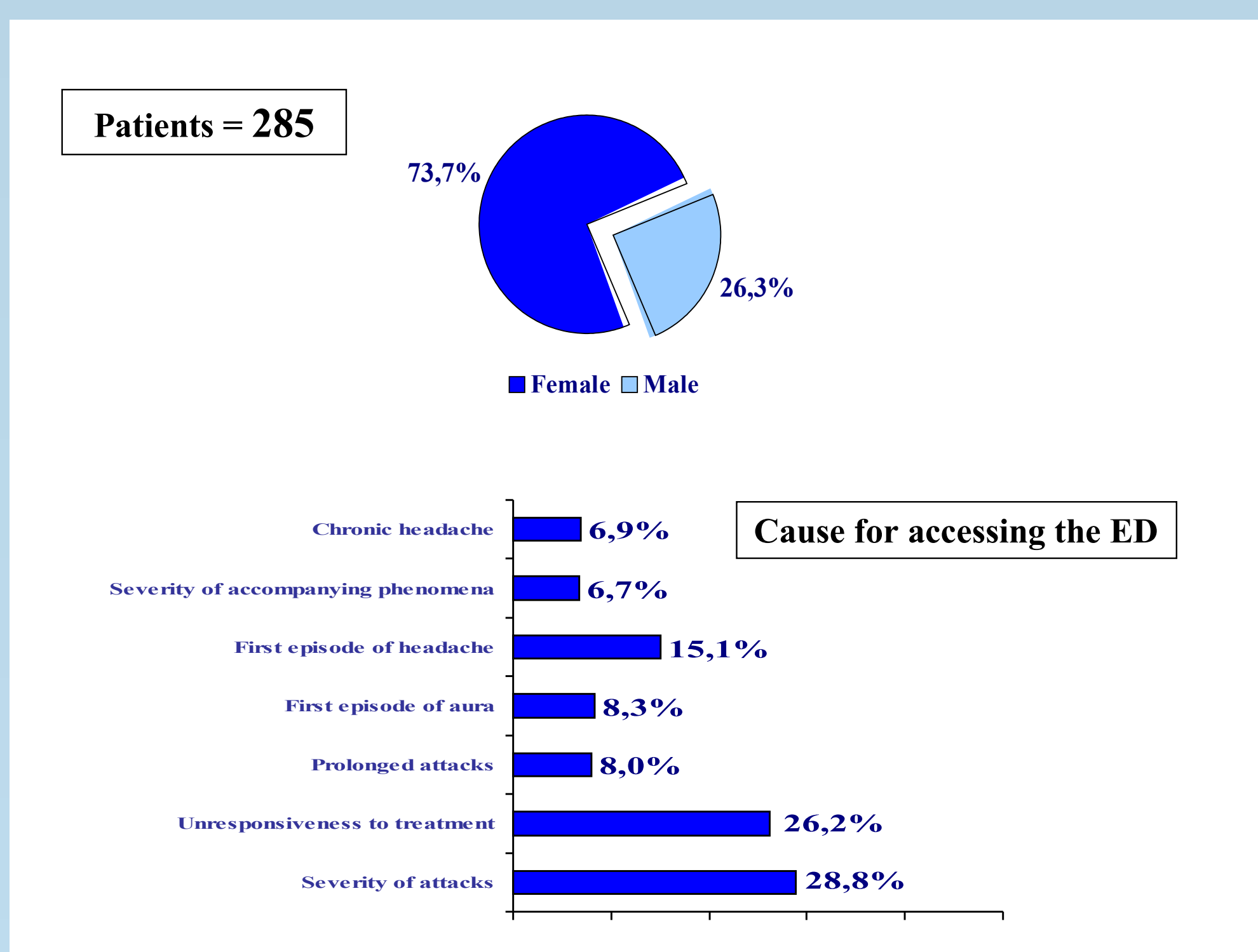
To evaluate the efficacy of a dedicated Acute Headache Centre (AHC) in diagnosing and treating patients with ED diagnosis of NOS-headache.

Methods

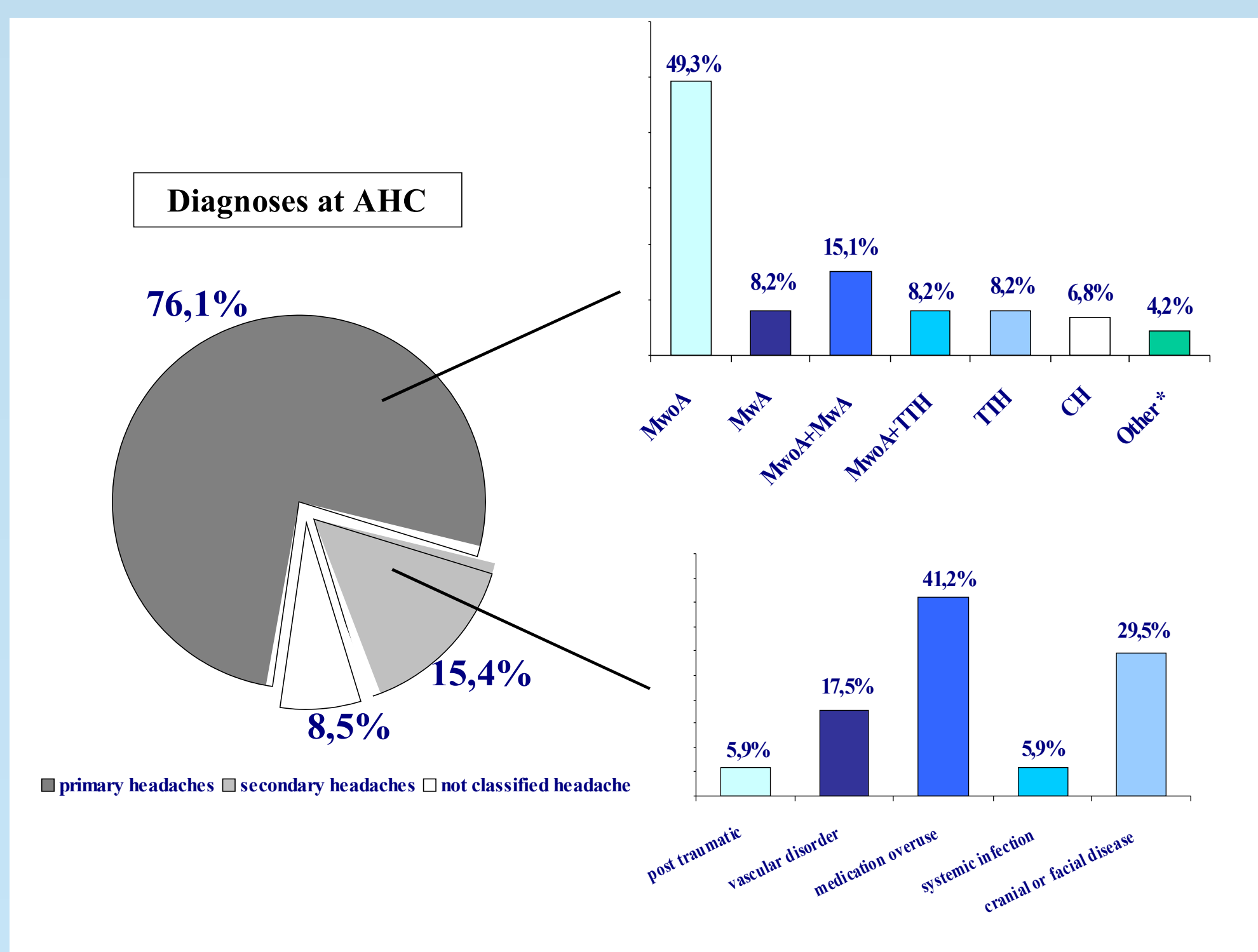
A four-year prospective analysis of all consecutive patients accessing to the ED because of non-traumatic headache, discharged with a ED diagnosis of NOS-headache, and referred to the AHC was performed. Causes of presentation, diagnostic tests, consulting visits, therapies, AHC diagnoses (ICHD-II criteria), MIDAS scores, were analysed using SPSS 21.0.

Results

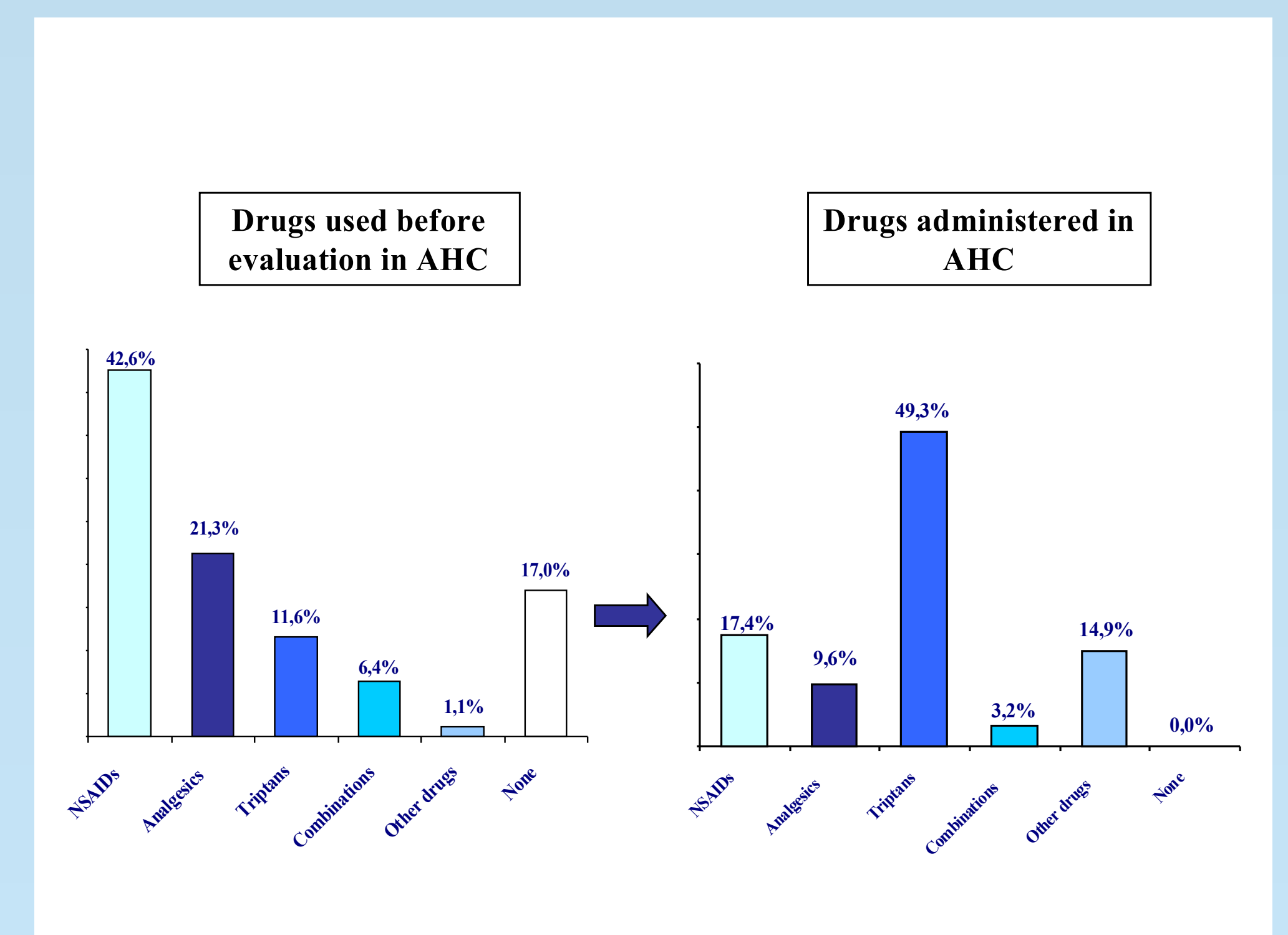
Out of 3.168 patients totally admitted in ED for headache, 285 patients (73.7% F; 26.3% M; mean age 42±16 years) were enrolled. Severity of pain was the most frequent cause of presentation to the ED (28.8%). Ninety-seven patients (34%) underwent a CT of the skull. Neurologic visits were required in 48.8% of patients. The most administered ED therapy were NSAIDs (39.4%), triptans only 1.2%. Only 1.7% of patients started a prophylactic treatment in ED. AHC diagnoses were primary headache (76.1%), secondary headache (15.4%), and not classified headache (8.5%). Migraineurs were the majority of cases (60%). In the AHC, the most used attack treatment were triptans (49.3%), and 49.4% of patients initiated prophylaxis. Disability was elevated (MIDAS=48±41), and reduced after AHC therapy (MIDAS=25±21; p=0.03).



Other visits* = neurosurgery, ophthalmology, orthopaedics, cardiology, dentistry, psychiatry, ear-nose-throat specialist, infectious diseases specialist; Other drugs° = amlodipine, enalapril, phenobarbital, furosemide, aluminium hydrate, omeprazole, ranitidine, scopolamine, isosorbide dinitrate, steroids



Other * = other primary headaches



Conclusions

ED diagnosis and treatment of NOS headache remained unspecified in spite of many diagnostic tests and consulting visits performed.

Only very few of patients started a proper prophylactic treatment in ED despite the high disability of patients.

NOS headache were mainly primary headaches, most of all being migraine.

A dedicated AHC is effective in classifying, specifically treating, and reducing disability of NOS-ED headache, and in identifying secondary forms not recognized and not properly treated in ED.