

Referral of headaches to the General Neurology clinic.

Headaches are a common complaint in both general practice and the general neurology clinic. In order to reduce waiting times for access to our service, we have limited the acceptance of headache patients to those that may benefit from newer treatments for migraine that require specialist neurologist review prior to commencement, such as the CGRP inhibitors. The referral criteria below are intended to ensure that patients seen in the General Neurology clinic for headache meet eligibility criteria for these newer migraine treatments.

Please note that we do not administer Botox for migraine in the General Neurology clinic.

Referral Criteria:

- Patients should have a primary complaint of chronic or recurrent headaches that significantly impact their daily functioning and quality of life.
- Patients should keep a headache diary.
- Attempts should have been made at lifestyle management (see below).
- Attempts should have been made to address medication overuse headache if it is suspected.
- Patients should have undergone an adequate trial of at least three prophylactic agents (see below).

The referral should include

- The features, frequency, duration, and intensity of headaches.
- Previous treatments, including the duration, dosage, and any observed benefits or side effects.
- Documentation of the lifestyle modifications attempted, and any observed benefits.

Prophylactic Agents:

- The patient should have received an adequate trial of at least three prophylactic agents
- Excellent migraine prophylaxis guidelines can be found in the Therapeutic Guidelines.
- Each prophylactic agent trial should have lasted for a sufficient duration, typically at least 8-12 weeks, unless side effects or lack of efficacy required discontinuation earlier.

Lifestyle Management:

- Lifestyle management should include advice on stress reduction techniques, regular exercise, maintaining a regular sleep pattern, dietary modifications (ie regular meals with no meal skipping), and avoidance of triggers (if identified).

Medication Overuse Headache:

- Common culprits include: paracetamol, aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, caffeine, and triptans