

Headache: diagnosis in adults

NICE 2012, CG150 , NICE 2015, NG12, NICE 2019, NG127



Red Whale

GEMS
Guidelines & Evidence Made Simple

Assess for headache red flags

Headache red flags can be remembered with the handy mnemonic HEAD CRISIS C:

- H** Head trauma (in the past 3m).
- E** Exacerbated by triggers: cough, Valsalva, sneezing, exercise, change in posture.
- A** Acute narrow-angle glaucoma/giant cell arteritis.
- D** Deficit (neurological), cognitive impairment or a change in personality.
- C** Change in character of the headache.
- R** Roasting hot (fever and worsening headache).
- I** Impaired consciousness.
- S** Sudden onset (if maximum intensity within 5 minutes, refer immediately to exclude subarachnoid haemorrhage).
- I** Immunocompromised.
- S** Sick (vomiting) without other obvious cause.
- C** Cancer: previous cancer known to metastasise to brain OR <20y and cancer history.

If ANY red flags present:
NICE says consider investigating/referral as appropriate

If NEW headache with these features: investigate/refer.

See our article: *Thunderclap headache and subarachnoid haemorrhage*

Headache alone is not a red flag symptom for a brain tumour. The NICE suspected cancer guidance recommends considering urgent direct-access MRI brain scan if progressive, subacute loss of CNS function.

No red flags: what could it be?

HISTORY crucial! Ask about headache symptoms, other symptoms and impact on activities.
Consider a headache diary for 8w that includes headache features (frequency, duration, severity), associated symptoms, medication used and efficacy, precipitants and any relation of headache to menstruation.
Would a scan help? Often considered for cluster headaches, rarely for other types in the absence of red flags.

	Headache symptoms	Associated symptoms
Cluster headache (refer to confirm diagnosis)	<ul style="list-style-type: none"> • Strictly unilateral. • Usually around/above the eye and along the side of the face/head. • Severe/very severe. • Lasts 15–180min. • Can get many episodes within a day. 	<p><u>Ipsilateral</u> autonomic features (on the same side as the headache):</p> <ul style="list-style-type: none"> • Red/watery eye. • Constricted pupil. • Swollen/drooping eyelid. • Nasal congestion/rhinorrhoea. • Facial sweating. <p>Often restless or agitated.</p>
Migraine	<ul style="list-style-type: none"> • Unilateral or bilateral. • Pulsating, throbbing or banging. • Moderate/severe. • Lasts 4–72h in adults (1–72h in those 12–17y). 	<ul style="list-style-type: none"> • Sensitivity to light/sound. • Nausea/vomiting. • Aura. <p>Aggravated by routine activities of daily living OR causes activity avoidance.</p>
Tension headache	<ul style="list-style-type: none"> • Bilateral. • Pressing/tightening (non-pulsating). • Mild/moderate severity. • Lasts 30min–continuous. 	<ul style="list-style-type: none"> • No associated symptoms. <p>Not aggravated by routine activities of daily living.</p>
Medication-overuse headache	<ul style="list-style-type: none"> • Location, severity and duration all variable! 	<p>Consider if frequent use of acute treatment for headache for ≥3m:</p> <ul style="list-style-type: none"> • Paracetamol, aspirin or an NSAID on ≥15d/m. • Triptan, opioid, ergot or combination analgesia on ≥10d/m. <p>Usually not aggravated by routine activities.</p>

Migraines and tension headaches can be defined as episodic or chronic (precise definition in main article). This matters when it comes to CGRP drugs used for migraine in secondary care. **Chronic migraine and chronic tension headache often overlap. If any features of migraine, diagnose chronic migraine.**

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