# Acute Severe Headache: Migraine vs Red Flags

Quick-reference for community pharmacists · Aligned with NICE CG150 (updated 2025) and NG228 (2022)

## ■ CALL 999: Possible Subarachnoid Haemorrhage or Meningitis

- ■ **Thunderclap headache:** sudden and severe, maximum intensity within 5 minutes
- ■ Described as the worst headache of the patient's life
- ■ Headache with impaired consciousness, confusion, or seizure
- ■ New neurological deficit: weakness, speech disturbance, visual loss
- ■ Severe headache with neck stiffness and fever: possible meningitis

Do not supply analgesia and advise the patient to wait. Call 999 immediately. Subarachnoid haemorrhage and meningitis can both deteriorate rapidly within hours.

## ■ SAME-DAY GP / A&E;: Urgent Assessment Required

- ■ New headache with vomiting and no other obvious cause
- ■ New headache in a patient with compromised immunity (HIV, immunosuppressants)
- ■ Age 50 or over with new temporal headache, jaw pain on chewing, or scalp tenderness: possible giant cell arteritis
- ■ Headache triggered by cough, Valsalva, exertion, or sneezing
- ■ Headache worse on lying down or changing posture: possible raised intracranial pressure
- ■ Substantial change in character from the patient's usual headache pattern

Giant cell arteritis requires same-day referral: untreated, it can cause sudden permanent sight loss within hours to days.

## ✓ SELF-CARE / OTC: Known Primary Headache, No Red Flags

- ■ Established migraine or tension-type headache consistent with the patient's usual pattern
- ■ Tension-type: aspirin, ibuprofen, or paracetamol
- ■ Migraine: aspirin 900 mg, ibuprofen 400 mg, or paracetamol; anti-emetic if needed
- ■ Sumatriptan 50 mg (Imigran Recovery): OTC for confirmed migraine, age 18 to 65
- ■ Prochlorperazine buccal (Buccastem): OTC for nausea with migraine

Warn patients using acute headache treatment more than 10 days per month about medication overuse headache. Safety-net: seek urgent help if headache changes character or is the worst ever.

| Feature | More likely benign | Red flag ■ |
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| **Onset** | Gradual, over minutes to hours | Thunderclap: maximum intensity within 5 minutes |
| **Severity** | Mild to moderate (tension) or moderate to severe (migraine) | Worst headache of life; described as unprecedented |
| **Pattern** | Consistent with known personal headache history | New type of headache, or substantially changed from usual pattern |
| **Fever** | No associated fever | Worsening headache with fever: possible meningitis or encephalitis |
| **Neurology** | None, or reversible migraine aura lasting 5 to 60 minutes | New neurological deficit, confusion, personality change, or impaired consciousness |
| **Neck stiffness** | None | Neck stiffness with headache and fever: meningitis until proven otherwise |
| **Trigger** | Stress, dietary, menstrual, or sleep-related triggers | Cough, Valsalva, exertion, or sneezing; or worsening on lying down |
| **Age / other** | Any age; no scalp tenderness or jaw pain | Age 50+ with new temporal headache, jaw pain on chewing, or scalp tenderness |

**Key reminders:** A thunderclap headache (maximum intensity within 5 minutes, worst ever) is subarachnoid haemorrhage until proven otherwise: call 999. Any new headache with fever, neck stiffness, neurological deficit, or confusion is an emergency; do not manage with OTC analgesia. Sumatriptan 50 mg is available OTC for confirmed migraine (age 18 to 65); warn patients using acute treatment more than 10 days per month about medication overuse headache.