

# 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 ■
<b>Onset</b>	Gradual, over minutes to hours	Thunderclap: maximum intensity within 5 minutes
<b>Severity</b>	Mild to moderate (tension) or moderate to severe (migraine)	Worst headache of life; described as unprecedented
<b>Pattern</b>	Consistent with known personal headache history	New type of headache, or substantially changed from usual pattern
<b>Fever</b>	No associated fever	Worsening headache with fever: possible meningitis or encephalitis
<b>Neurology</b>	None, or reversible migraine aura lasting 5 to 60 minutes	New neurological deficit, confusion, personality change, or impaired consciousness
<b>Neck stiffness</b>	None	Neck stiffness with headache and fever: meningitis until proven otherwise
<b>Trigger</b>	Stress, dietary, menstrual, or sleep-related triggers	Cough, Valsalva, exertion, or sneezing; or worsening on lying down
<b>Age / other</b>	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.