

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH  
CASE CONFERENCE TEACHING MODULE**

**HEADACHE**

NB is a 28 year old female who presents to you with complaints of increasing headache.

What are the pertinent positives/negatives you wish to identify in her history?

She tells you that she has a history of “migraines” that started about 6 years ago. She usually gets these headaches about 2-3 times of year, with unilateral pain behind the eye, nausea, vomiting, and photophobia. The headaches last about two days if untreated. She notes visual disturbances lasting about 20 minutes with the onset of the headaches. NB has difficulty functioning with these headaches and usually treats them with ibuprofen and rest in a quiet room. Lately she has noticed that she has begun to get them more frequently, especially when she eats certain foods, or is under stress as she is now (she is finishing her doctoral thesis). She denies visual changes.

She takes oral contraceptives and has no known drug allergies.

She has no past medical history other than above and has no surgical history.

Her family history is significant for her mother who also has migraines.

Her exam is completely normal, including normal blood pressure, no papilledema, and no focal neurologic findings.

Do you agree with her diagnosis of migraine?

Why?

What are other diagnostic possibilities?

Would you obtain any diagnostic procedures?

What kind of interventions would you prescribe?

She returns for follow-up, stating that she feels like your interventions have helped her. She does not wish prophylactic medications at this time, but will return if her headaches increase in frequency.

Six months later she comes in with a severe headache that she has not been able to control by her usual measures. She has had the headache for three days. What would you do at this point?

BP is 120/80, pulse 88, afebrile.

Her exam is significant for photophobia and obvious distress and no neurologic deficits.

Are any diagnostic tests necessary?

How would you treat her today?

She responds to your treatment. She recounts that her headaches have increased in frequency over the past three months, and she gets a pretty bad headache about 3-4 times a month, usually controlled by 1-2 days in bed. But she is concerned that she is getting behind in her work, which makes her more stressed. She remembers you said something about prophylactic medication and wants to discuss that with you at this point.

How do you counsel her?