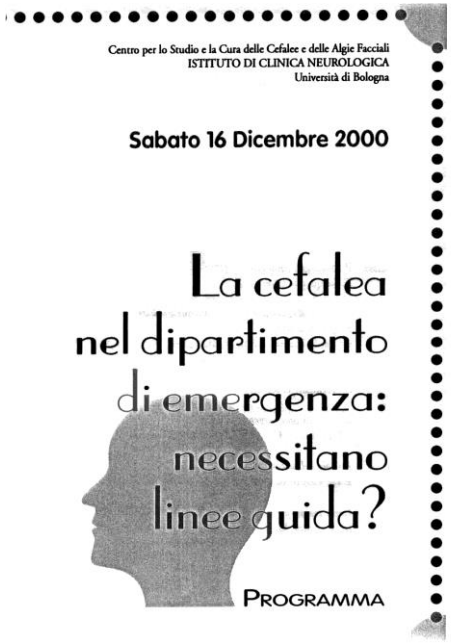
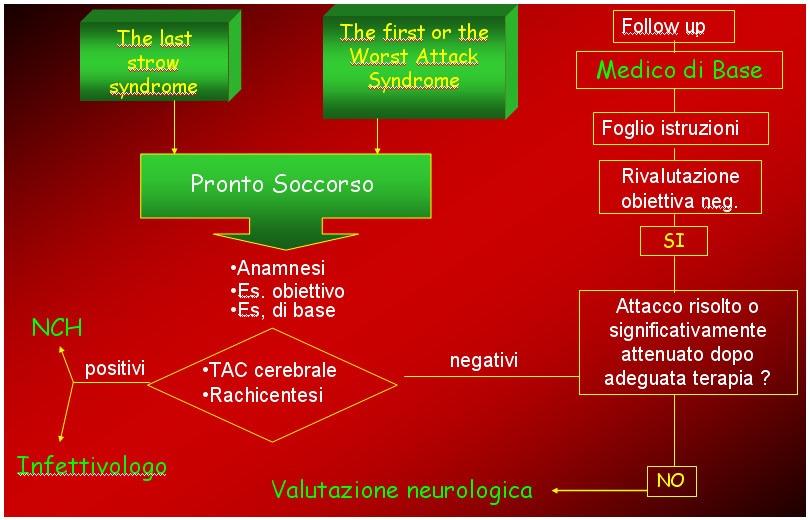
Terapia delle cefalee primarie in Pronto Soccorso: un problema risolto?

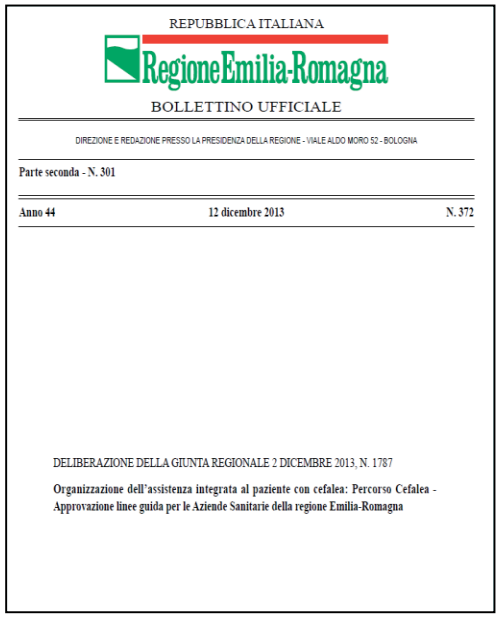
III CONGRESSO NAZIONALE ANEU
(Associazione Neurologia d'Emergenza Urgenza)

Pietro Querzani
Direttore UOC Neurologia, Ravenna
AUSL della Romagna

Bologna, 8-10 marzo 2018







REPUBBLICA ITALIANA

Regione Emilia-Romagna

BOLLETTINO UFFICIALE

DIREZIONE E REDAZIONE PRESSO LA PRESIDENZA DELLA REGIONE - VIALE ALDO MORO 52 - BOLOGNA

Parte seconda - N. 301

Anno 44 | 12 dicembre 2013 | N. 372

DELIBERAZIONE DELLA GIUNTA REGIONALE 2 DICEMBRE 2013, N. 1787

Organizzazione dell'assistenza integrata al paziente con cefalea: Percorso Cefalea - Approvazione linee guida per le Aziende Sanitarie della regione Emilia-Romagna

Evidence-Based Diagnosis of Nontraumatic Headache in the Emergency Department: A Consensus Statement on Four Clinical Scenarios

Pietro Cortelli, MD; Sabina Cevoli, MD; Francesco Nonino, MD; Dante Baronciani, MD; Nicola Magrini, MD; Giuseppe Re, MD; Gianni De Berti, MD; Gian Camillo Manzoni, MD; Pietro Querzani, MD; Alberto Vandelli, MD, on behalf of the Multidisciplinary Group for Nontraumatic Headache in the Emergency Department

(Headache 2004;44:1-9)

Terapia delle cefalee primarie in Pronto Soccorso: un problema risolto?

1. Quale cefalea trattiamo ?
2. Cosa si aspetta il paziente ?
3. Come la trattiamo ?
4. E dopo ?

Terapia delle cefalee primarie in Pronto Soccorso: un problema risolto?

1. Quale cefalea trattiamo ?

1. Cosa si aspetta il paziente ?

2. Come la trattiamo ?

3. E dopo ?

The goal of the emergency physician is to first differentiate a life-threatening secondary cause of headache

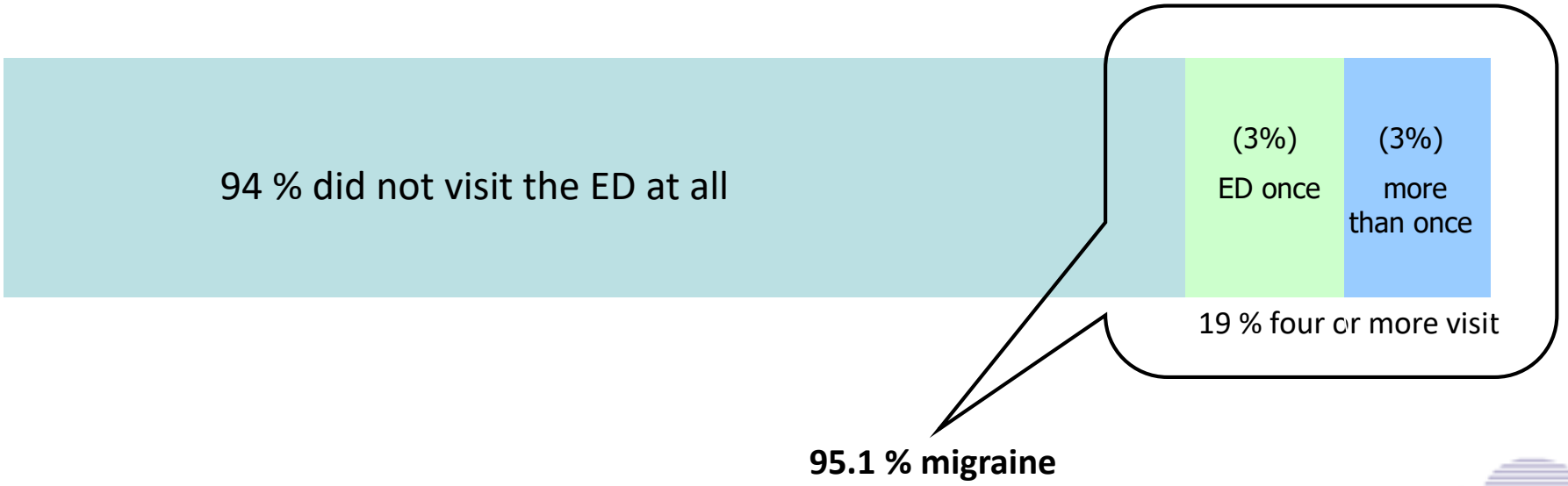
The Journal of Emergency Medicine, Vol. -, No. -, pp. 1–11, 2018

Use of the Emergency Department for Severe Headache. A Population-Based Study

Benjamin W. Friedman, MD, MS; Daniel Serrano, MA; Michael Reed, PhD; Merle Diamond, MD; Richard B. Lipton, MD

A headache questionnaire was mailed to a sample of 120,000 US households (30,721 reported severe headaches in previous 12 months)

A follow-up survey was mailed to a random subsample of 24,000 of these severe headache sufferers



Headache 2009 Jan;49(1):21-30

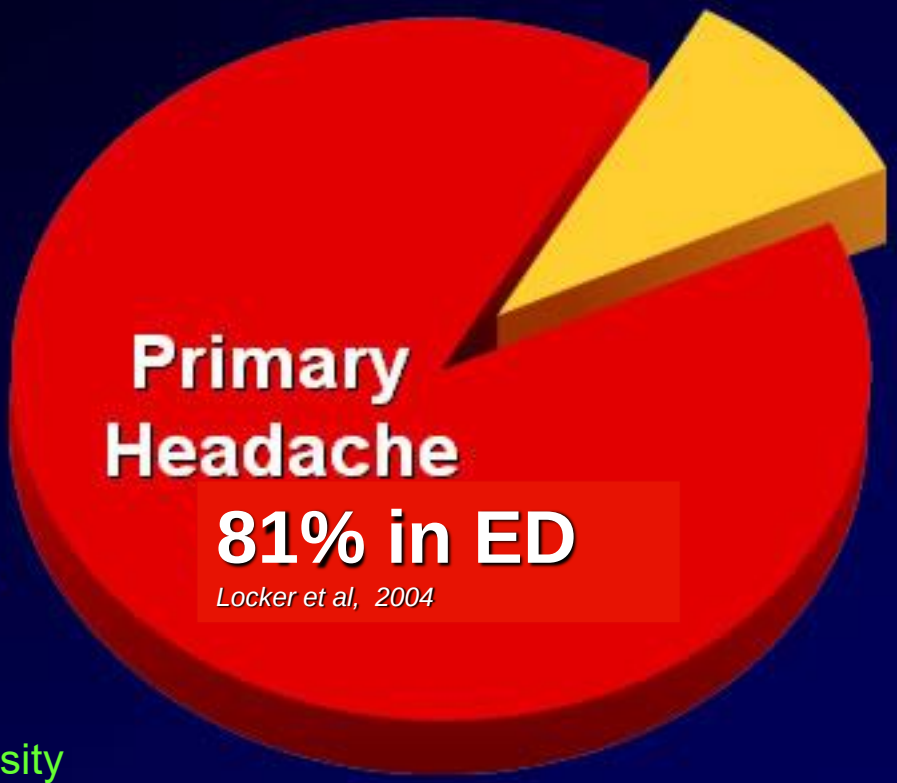
Headache Classification in Em. Dep.

Primary Headaches

- Migraine
- Tension-type
- Cluster headache

IHS: …lasting 15’-180’

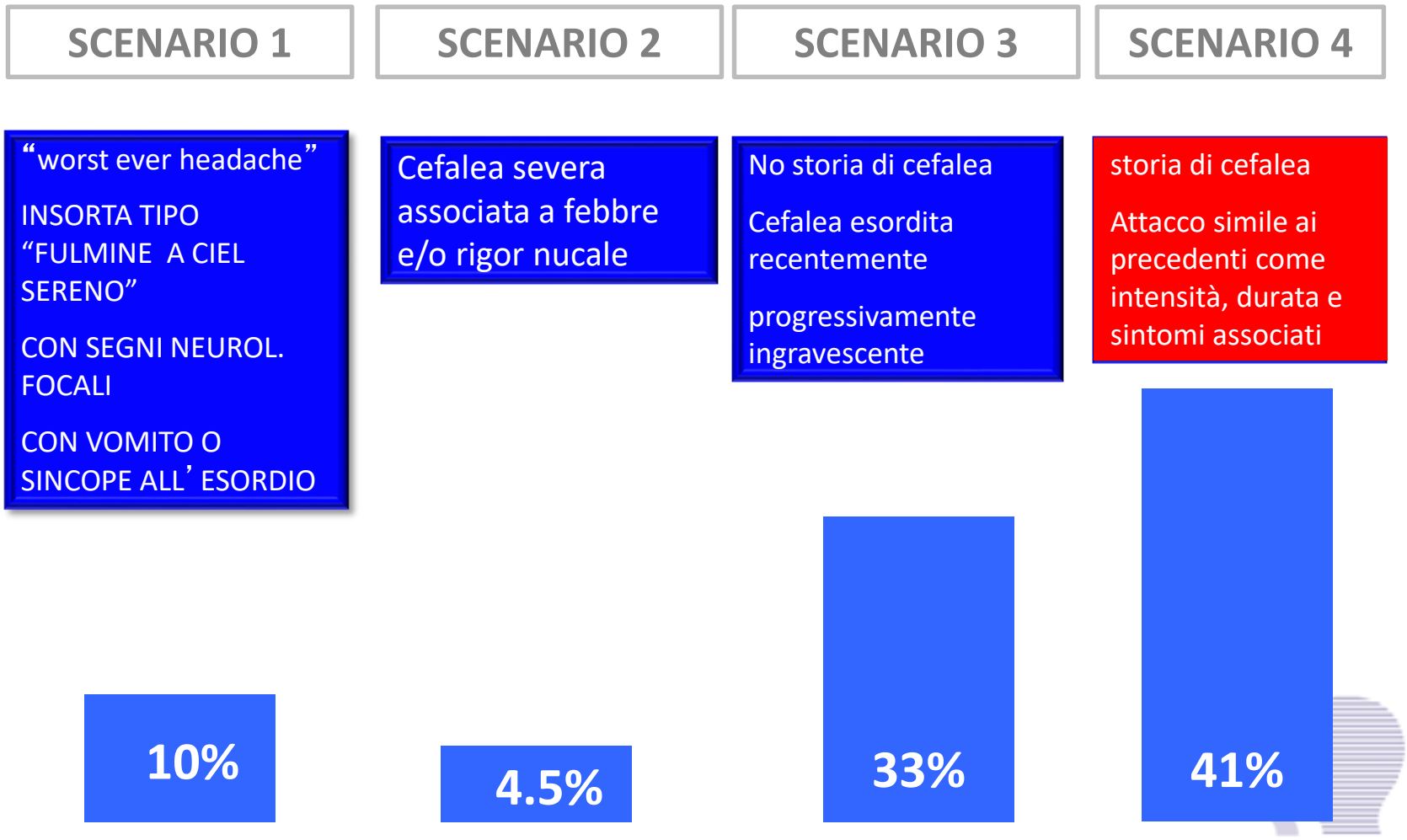
IHS: …mild or moderate intensity



- Status migrainosus → *IHS:* …Attack of migraine with headache phase lasting more than 72 hours despite treatment

Evidence-Based Diagnosis of Nontraumatic Headache in the Emergency Department: A Consensus Statement on Four Clinical Scenarios

P. Cortelli, MD; S. Cevoli, MD; F. Nonino, MD; D. Baronciani, MD; N. Magrini, MD; G. Re, MD; G. De Berti, MD; G. C. Manzoni, MD; P. Querzani, MD; A. Vandelli, MD on behalf of the Multidisciplinary Group for Nontraumatic Headache in the Emerg.Department
(*Headache* 2004;44:1-9)



Terapia delle cefalee primarie in Pronto Soccorso: un problema risolto?

1. Quale cefalea trattiamo ?
2. Cosa si aspetta il paziente ?
3. Come la trattiamo ?
4. E dopo ?

A qualitative analysis of the needs and expectations of patients who present to the emergency department for management of migraine

What was **good** about medication you've received in the ER?

- Pain and headache relief
- Rapid onset of efficacy
- Prolonged duration of efficacy

What was **bad** about medication you've received in the ER?

- Headache relapse
- Lack of efficacy
- Incomplete relief
- Side effects
- Unpleasant reactions to medication

Imagine you could **invent the perfect intravenous migraine medication.**What would it do?

- Wish for a cure
- Efficacy
- Mitigate relapse
- Side effects
- Onset of efficacy
- Associated symptoms

If there was **one thing that you could change** about the IV medication you received, what would it be?

- Side effects
- Onset of efficacy
- Duration of efficacy

American Journal of Emergency Medicine xxx (2017) xxx–xxx

STANTON'S HARMLESS
Headache Powders

CURE ANY KIND OF HEADACHE OR NEURALGIA IN 15 MINUTES.

POSITIVELY SAFE AND HARMLESS.

Contain no OPIUM, MORPHINE, CHLORAL or other narcotic.
Pleasant to take, and easily borne by the most delicate stomach.

Nervous or Sick-headache,

The headaches arising from over-eating, fatigue of body or mind, alcoholic excesses, exposure to the sun, and the various forms of **neuralgia** — all are alike relieved by this Remedy.

These everywhere prevalent complaints have long baffled the skill of our best physicians. Scientific men have been untiring in their efforts to find a **SAFE, HARMLESS** and effective remedy for these maladies; but, until recently, their efforts have been unavailing. To convince the public that a positive **CURE** for the various forms of Headache and Neuralgia has at last been found, the following testimonials are respectfully submitted:

NORFOLK, VA. June 30, 1891.

Your Headache Powders proved highly satisfactory. I enclose check to balance account. Send us two dozen more at once. Can add our name to testimonials.
Yours, truly, NORFOLK DRUG CO.

APPLETON CITY, MO., April 1, 1891.

Enclosed find Money Order to balance bill of March 31. Please send me two dozen more. I have a good trade on the Powders. Respectfully, J. R. BAUGH.

DUNEDIN, FLA., Nov. 10, 1890.

Yours of Oct. 29, with sample Headache Powders enclosed came to hand in due time. We have given your samples a fair trial and find them to be all you claim for them. Will accept the agency for this place, and will recommend them to all who complain of headache, and will use them in my practice. Please send me three dozen boxes at once. Yours, truly, DR. J. L. EDGAR.

CORILLOS, N. M., July 30, 1891.

Please send me ½ gross boxes of your Headache Powders. They are giving perfect satisfaction.
Yours, &c. JOS. RICHARDS.

HARRISONBURG, VA., Oct. 2, 1891.

Enclosed find postal note for $1.50, to balance account Your Powders give general satisfaction.
Respectfully, I. PAUL FLETCHER & CO.

COBBY, PA., December 10, 1890.

Yours of the 6th, with sample of Headache Powders received this A.M., found me in bed with the headache. I took the sample myself, and in less than two hours I was up and ready for business, where I generally have had to keep in bed pretty much if not all day. You may send me sample order on your terms and I will soon fix it.
Very respectfully, W. M. DURHAM.

St. Petersburg, Fla April 9, 1891.

Please send me three dozen Headache Powders. I have sold all I ordered before with full satisfaction.
Yours truly, DR. H. MARTIN.

ARCHER, OHIO, April 30, 1890.

My wife has been a victim of sick headache for many years. The attacks came on regularly every week or two, and were so severe that she would be confined to bed for two or three days at a time. All the remedies we ever heard of were tried without relief until we bought a box of your Harmless Headache Powders. The first time she tried them she had to take two powders before she got entire relief, but since that time one powder has always been sufficient to cut short the attacks. You may refer any one doubting the truth of the above statement to me and I will cheerfully confirm all I have said.
Yours, very truly, E. T. BEALL

Moberly, Mo., Feb. 2, 1891.

Enclosed find draft covering invoice of Dec. 5th. Please acknowledge receipt and forward *at once* three doz. more Headache Powders. *The Powders are giving All satisfaction.*
Respectfully, LOUIS LAST.

Moberly, Mo., Sept. 5, 1891.

Please ship me at once one gross Headache Powders. The 3 dozen bought July 30 are all sold.
Yours, &c., LOUIS LAST.

SOUTH BERKELY, CAL., Oct. 5, 1891.

I enclose Money Order to balance account. Powders are all claimed for them.
Yours truly, C. W. BRYANT, M. D

CICERO, N. Y., Oct. 22, 1886

Enclosed find $3.00 in settlement of bill of Aug. 26. Your Headache Remedy is *just the thing.*
E. F. COVILLE.

QUEEN ANNE, MD., Sept. 5, 1890.

Send me one dozen Headache Remedy at once, as I am entirely out. The dozen you sent me gave entire satisfaction.
Yours resp'y, W. E. MASON.

IF YOU HAVE ANY DOUBT OF THE GENUINENESS OF THE ABOVE TESTIMONIALS, WRITE TO ANY OR ALL OF THE PERSONS WHOSE NAMES APPEAR, ENCLOSING STAMP, AND THEY WILL CHEERFULLY RESPOND

PRICE 25 CENTS PER BOX, CONTAINING TEN POWDERS. FOR SALE BY OUR AGENTS EVERYWHERE, OR SENT BY MAIL ON RECEIPT OF PRICE.

THE STANTON PHARMACAL CO.,

ONTARIO, OHIO.

SOLD ONLY BY

J. I. YOUNGLOVE & BRO.,

DRUGGISTS,

Bowling Green, Ky.

1. Quale cefalea trattiamo ?

2. Cosa si aspetta il paziente ?

3. Come la trattiamo ?

4. E dopo ?

Cosa dobbiamo aver ben chiaro

The primary objective for the neurologist is deceptively simple: make the diagnosis…

Acute Headache in the Emergency Department, *R. Davenport, J. Neurol. Neurosurg. Psychiatry* 2002;72;33-37

The goal of emergency physician is to first determinate secondary causes of headache…

Benign headache management in the emergency department, The Journal of Emergency Medicine, Brit J. Long et al Vol. -, No. -, pp. 1–11, 2018;

Does a response to therapy predict the etiology of an acute headache ?

Pain response to therapy should not be used as the sole diagnostic indicator of the underlying etiology of an acute headache

Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Acute Headache; *Volume 52, n 4: October 2008, Annals of Emergency Medicine*

Benign headache is a clinical diagnosis

Benign headache management in the emergency department, The Journal of Emergency Medicine, Brit J. Long et al Vol. -, No. -, pp. 1–11, 2018;

Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies

Serena L. Orr, MD; Benjamin W. Friedman, MD, MS; Suzanne Christie, MD, FRCPC; Mia T. Minen, MD; Cynthia Bamford, MD; Nancy E. Kelley, MD, PhD; Deborah Tepper, MD

1. Which Injectable Medications Should Be Considered First-Line Treatment for Adults Who Present to an ED With Acute Migraine ?

2. Do Parenteral Corticosteroids Prevent Recurrence of Migraine in Adults Discharged from an ED ?

(*Headache* 2016;56:911-940)

1. Which Injectable Medications Should Be Considered First-Line Treatment for Adults Who Present to an ED With Acute Migraine ?

Medication, dose, route of administration	Summary of evidence	Conclusion about efficacy	Adverse effect	Recommendation
Acetylsalicylic acid 0.5–1.8 gm IV	Class 1: none Class 2: benefit vs placebo, inferior too sumatriptan	Likely effective	No serious or frequent adverse events. Better tolerated than sumatriptan	May offer
Dexamethasone 8–16 mg IV	Class 1: no difference vs placebo Class 2: benefit vs morphine	Possibly ineffective	No serious or frequent adverse event	No reccommendations
Diclofencac 75 mg IM	Class 1: none Class 2: none Class 3: effective vs placebo	Possibly effective	No serious or frequent adverse event	May offer
Ketorolac 30–60 mg IM, IV	Class1: comparable with metoclopramide superior to VPA Class 3: no difference with meperidine	Likely effective	Well tolerated	May offer
Metoclopramide 10–20 mg IV	Class 1: No difference vs sumatriptan; no difference vs prochlorperazine	Highly likely to be effective	Akathisia occurs in a minority of patients. No differences vs active comparators	Should offer

Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies, Headache 2016;56:911-940

1. Which Injectable Medications Should Be Considered First-Line Treatment for Adults Who Present to an ED With Acute Migraine ?

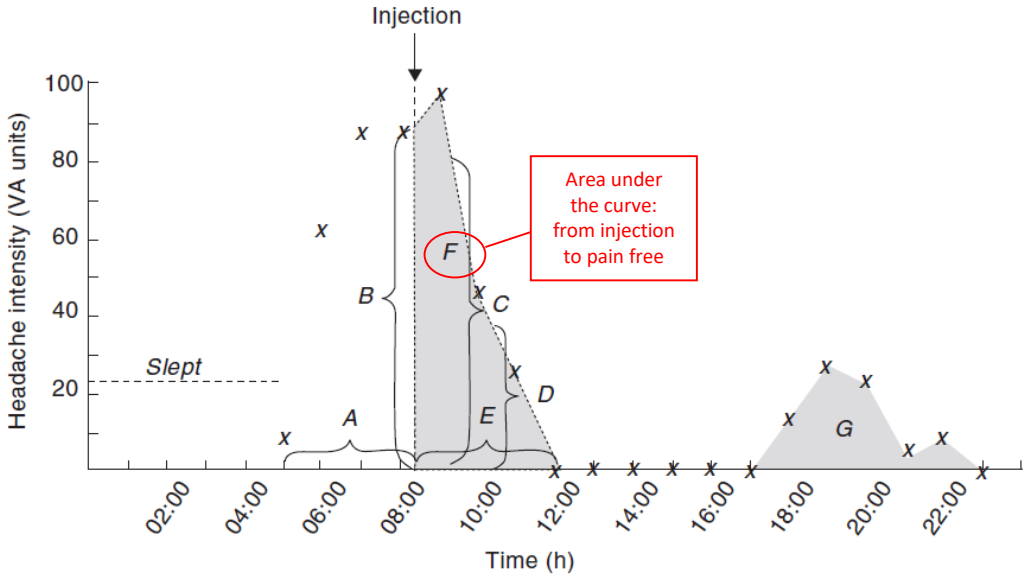
Medication, dose, route of administration	Summary of evidence	Conclusion about efficacy	Adverse effect	Recommendation
Morphine 0.1 mg/kg IV	Class 1: none Class 2: No clinically significant difference vs dexamethasone Class 3: none	Possibly ineffective	No reported in class 2 study	May avoid
Prochlorperazine 10 mg IV	Class 1: No difference vs metoclopramide Superior to sumatriptan Class 2: Superior to octreotide Class 3: Superior to valproate	Highly likely to be effective	Akathisia and drowsiness were common	Should offer
Sumatriptan 6 mg SC	Class 1: 4 studies superior to placebo Class 2: 8 studies superior to placebo Class 3: 5 studies superior to placebo	Highly likely to be effective	In ED based studies, adverse events in 50% of patients	Should offer
Tramadol 100 mg IM	Class 3: no differences vs diclofenac	Insufficient evidence	13% of patients reported adverse events in class 3 study	No reccomendation

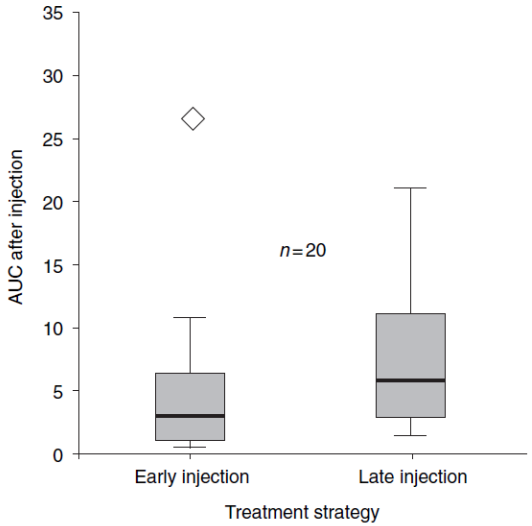
Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies, Headache 2016;56:911-940

Subcutaneous sumatriptan provides symptomatic relief at any pain intensity or time during the migraine attack

M Linde[1,2,3], **A Mellberg**[1,3] **& C Dahlöf**[1,3]

[1]*Gothenburg Migraine Clinic,* [2]*Cephalea Pain Centre and* [3]*Institute of Clinical Neuroscience, Sahlgrenska Academy, Göteborg University, Gothenburg, Sweden*

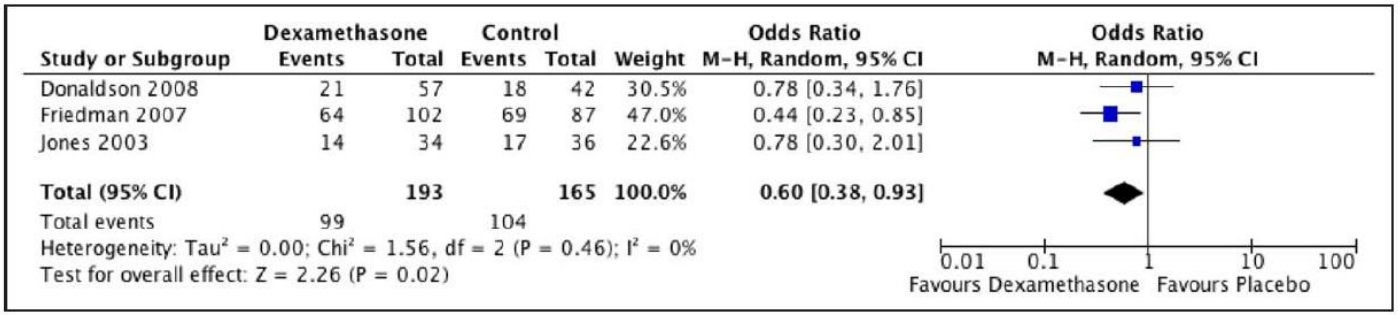




Cephalalgia, 2005, **26**, 113–121

2. Do Parenteral Corticosteroids Prevent Recurrence of Migraine in Adults Discharged from an ED ?

Medication, dose, route of administration	Summary of evidence	Conclusion about efficacy	Adverse effect	Recommendation
Dexamethasone 8 - 24 mg IV	Class 1: Meta-analysis of 3 placebo controlled class 1 studies demonstrated Benefit Class 2: Benefit vs morphine Class 3: No difference vs valproic acid	Highly likely to be effective	Dizziness and brief burning pain more common in dexamethasone group	Should offer



Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies, Headache 2016;56:911-940

Terapia delle cefalee primarie in Pronto Soccorso: un problema risolto?

1. Quale cefalea trattiamo ?
2. Cosa si aspetta il paziente ?
3. Come la trattiamo ?
4. E dopo ?

2/3 of ED patients with migraine experience headache during **24 hrs after dischcarge**

Managing migraine, B W. Friedman, MD, Annals of Emergency Medicine, february 2017

3/4 of patients reported recurrence within **48 hrs after discharge**

Treating Headache Recurrence After Emergency Department Discharge: A Randomized Controlled Trial of Naproxen Versus Sumatriptan
Benjamin W. Friedman, MD, MS, Clemencia Solorzano, RPh, David Esses, MD, Shujun Xia, M; Annals *of* Emergency Medicine, 2010

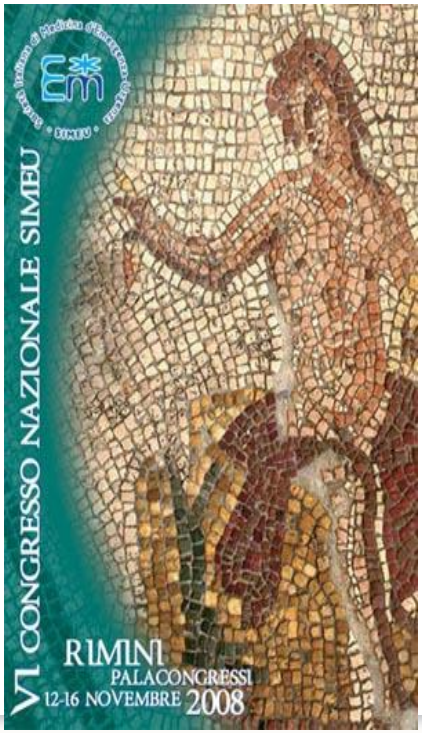
La cefalea nel DEA

Diagnosi (Differenziale)

Follow-up presso Centro Cefalee

La cefalea nel DEA

Diagnosi (Differenziale)



Follow-up presso Centro Cefalee

The Journal of Emergency Medicine, Vol. ■, No. ■, pp. 1–11, 2018
Published by Elsevier Inc.
0736-4679/$ - see front matter

https://doi.org/10.1016/j.jemermed.2017.12.023

ELSEVIER

Clinical Review

BENIGN HEADACHE MANAGEMENT IN THE EMERGENCY DEPARTMENT

Brit J. Long, MD* and Alex Koyfman, MD†

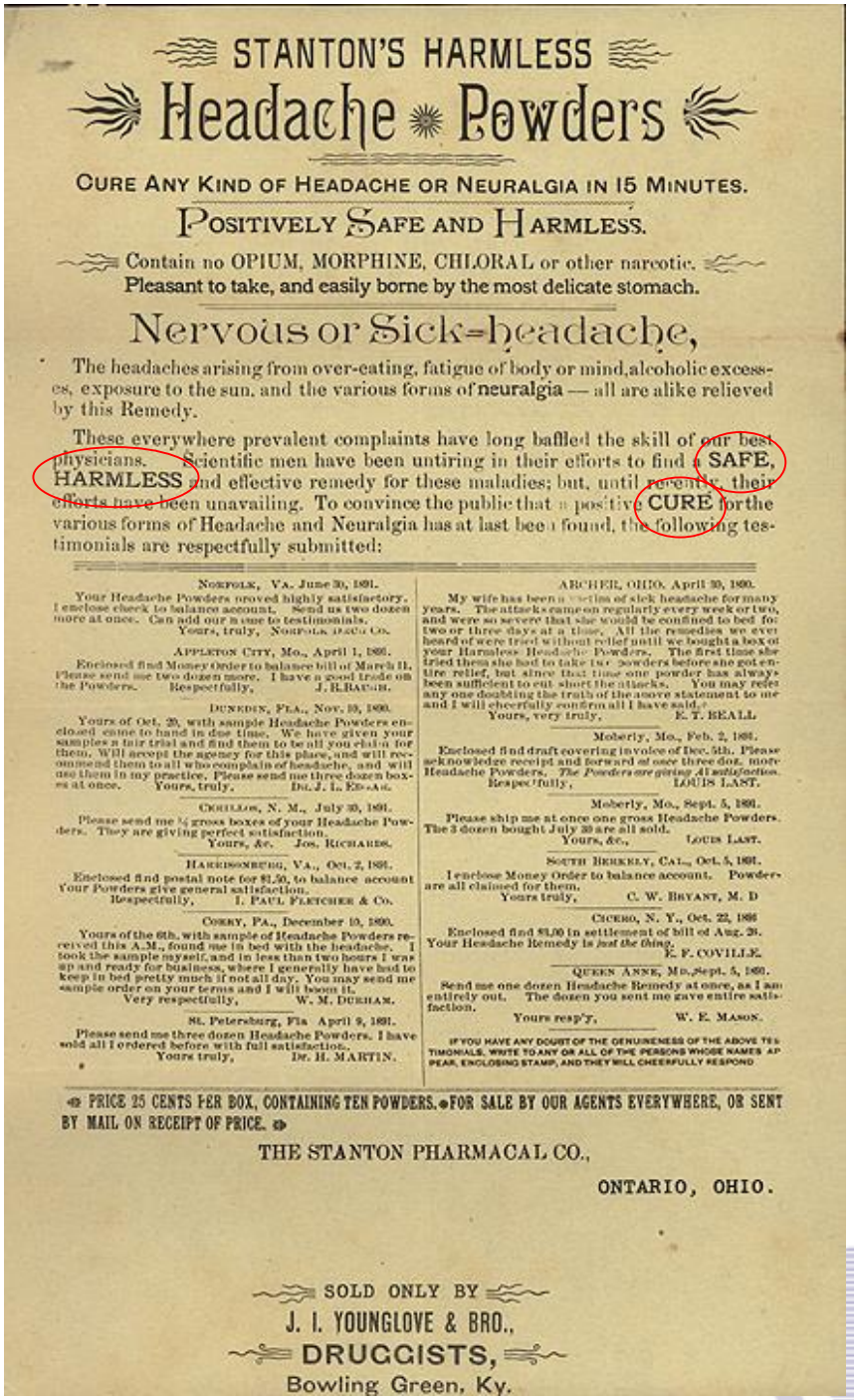
*Department of Emergency Medicine, San Antonio Military Medical Center, Fort Sam Houston, San Antonio, Texas and
†Department of Emergency Medicine, The University of Texas Southwestern Medical Center, Dallas, Texas
Corresponding Address: Brit J. Long, MD, Department of Emergency Medicine, San Antonio Military Medical Center, 3841 Roger Brooke Drive, San Antonio, TX 78234

An ideal medication:
- provides rapid, sustained pain relief
- without complications
- and allows patients to return to normal daily activity.

However, this medication does not exist

Significant heterogeneity exists in ED headache management because of:

- the lack of strong recommendations,
- physician experience,
- concern for short-term side effects,
- institutional culture



STANTON'S HARMLESS

Headache Powders

CURE ANY KIND OF HEADACHE OR NEURALGIA IN 15 MINUTES.

POSITIVELY SAFE AND HARMLESS.

Contain no OPIUM, MORPHINE, CHLORAL or other narcotic.
Pleasant to take, and easily borne by the most delicate stomach.

Nervous or Sick-headache,

The headaches arising from over-eating, fatigue of body or mind, alcoholic excesses, exposure to the sun, and the various forms of neuralgia — all are alike relieved by this Remedy.

These everywhere prevalent complaints have long baffled the skill of our best physicians. Scientific men have been untiring in their efforts to find a SAFE, HARMLESS and effective remedy for these maladies; but, until recently, their efforts have been unavailing. To convince the public that a positive CURE for the various forms of Headache and Neuralgia has at last been found, the following testimonials are respectfully submitted:

NORFOLK, VA. June 30, 1891.
Your Headache Powders proved highly satisfactory. I enclose check to balance account. Send us two dozen more at once. Can add our name to testimonials.
Yours, truly, NORFOLK DRUG CO.

APPLETON CITY, MO., April 1, 1891.
Enclosed find Money Order to balance bill of March 31. Please send me two dozen more. I have a good trade on the Powders. Respectfully, J. R. BAUGH.

DUNEDIN, FLA., Nov. 19, 1890.
Yours of Oct. 20, with sample Headache Powders enclosed came to hand in due time. We have given your samples a fair trial and find them to be all you claim for them. Will accept the agency for this place, and will recommend them to all who complain of headache, and will use them in my practice. Please send me three dozen boxes at once. Yours, truly, DR. J. L. EDGE.

CORILLOS, N. M., July 30, 1891.
Please send me ½ gross boxes of your Headache Powders. They are giving perfect satisfaction.
Yours, &c. JOS. RICHARDS.

HARRISONBURG, VA., Oct. 2, 1891.
Enclosed find postal note for $1.50, to balance account Your Powders give general satisfaction.
Respectfully, I. PAUL FLETCHER & CO.

CORRY, PA., December 10, 1890.
Yours of the 6th, with sample of Headache Powders received this A.M., found me in bed with the headache. I took the sample myself, and in less than two hours I was up and ready for business, where I generally have had to keep in bed pretty much if not all day. You may send me sample order on your terms and I will be pleased to fill it.
Very respectfully, W. M. DURHAM.

St. Petersburg, Fla April 9, 1891.
Please send me three dozen Headache Powders. I have sold all I ordered before with full satisfaction.
Yours truly, DR. H. MARTIN.

ARCHER, OHIO. April 30, 1890.
My wife has been a victim of sick headache for many years. The attacks came on regularly every week or two, and were so severe that she would be confined to bed for two or three days at a time. All the remedies we ever heard of were tried without relief until we bought a box of your Harmless Headache Powders. The first time she tried them she had to take two powders before she got entire relief, but since that time one powder has always been sufficient to cut short the attacks. You may refer any one doubting the truth of the above statement to me and I will cheerfully confirm all I have said.
Yours, very truly, E. T. BEALL.

Moberly, Mo., Feb. 2, 1891.
Enclosed find draft covering invoice of Dec. 5th. Please acknowledge receipt and forward at once three doz. more Headache Powders. *The Powders are giving A1 satisfaction.*
Respectfully, LOUIS LAST.

Moberly, Mo., Sept. 5, 1891.
Please ship me at once one gross Headache Powders. The 3 dozen bought July 30 are all sold.
Yours, &c., LOUIS LAST.

SOUTH BERKELY, CAL., Oct. 5, 1891.
I enclose Money Order to balance account. Powders are all claimed for them.
Yours truly, C. W. BRYANT, M. D

CICERO, N. Y., Oct. 22, 1891
Enclosed find $3.00 in settlement of bill of Aug. 20. Your Headache Remedy is *just the thing.*
E. F. COVILLE.

QUEEN ANNE, MD., Sept. 5, 1890.
Send me one dozen Headache Remedy at once, as I am entirely out. The dozen you sent me gave entire satisfaction.
Yours resp'y, W. E. MASON.

IF YOU HAVE ANY DOUBT OF THE GENUINENESS OF THE ABOVE TESTIMONIALS, WRITE TO ANY OR ALL OF THE PERSONS WHOSE NAMES APPEAR, ENCLOSING STAMP, AND THEY WILL CHEERFULLY RESPOND

PRICE 25 CENTS PER BOX, CONTAINING TEN POWDERS. FOR SALE BY OUR AGENTS EVERYWHERE, OR SENT BY MAIL ON RECEIPT OF PRICE.

THE STANTON PHARMACAL CO.,
ONTARIO, OHIO.

SOLD ONLY BY
J. I. YOUNGLOVE & BRO.,
DRUGGISTS,
Bowling Green, Ky.