Managing Post-stroke Headaches

The International Classification of Headache Disorders (ICHD-3) defines:

Acute post-stroke headache
"Headache developing in close temporal relation to other symptoms and/or clinical signs of stroke" and resolving within 3 months

Persistent post-stroke headache
Headache persistent for >3 months after stabilization of the stroke

Acute-Phase (< 3 months)

Management:
1st line: Acetaminophen

Other: Metoclopramide or Ondansetron

CAUTION: NSAIDs can inhibit platelet function and may increase systemic bleed risk when used acutely post-stroke.

Persistent-Phase (> 3 months)

Management:
Lifestyle Management:

SEEDS for:
1) **S**leep Hygiene
2) **E**xercise 30 to 60 minutes, 3-5 times a week
3) **E**at regular healthy meals
4) keep a headache **D**iary
5) **S**tress management (CBT, mindfulness, relaxation)

Nutraceuticals:
- Riboflavin, Coenzyme Q10, Magnesium, Melatonin

Interventional:
- Nerve blocks, botox injections, and neurostimulation

DIAGNOSIS

The first step in managing post-stroke headache is to rule out **secondary causes of headache**:

RED FLAGS
- **Systemic Symptoms**
- **Neurological Deficits**
- **Onset, sudden**
- **Onset age <5**
- **Progressive worsening**
- **Precipitated by Valsalva**
- **Postural Aggravation**
- **Papilledema**

IMAGING: A low threshold for repeat imaging should be applied. **CTA** (CT Angiography) and/or **MRI** are commonly used.

Abortive Therapies

1st line: Ibuprofen* and Acetaminophen

2nd line: Diclofenac* Powder

*NSAIDs exert antiplatelet effects - if the patient is on anticoagulants consider increased bleed risk

What not to use:
- *Triptans and Ergots* are vasoactive and should be avoided
- *Opioids* are associated with adverse effects including dependance and overdose

Daily Prophylaxis Therapies

Indication:
1. When a patient has one headache per week or more
2. Or when headaches are less frequent but very disabling

Management:
Topiramate, Amitriptyline, Propranolol

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Julia Craig (Medical Student, University of Alberta), Dr. Thilinie Rajapakse (Pediatric Neurologist, University of Alberta) for www.pedscases.com