

HEADACHE IN AN ADULT PATIENT WITH COVID-19

Characterization of the headache (location, associated symptoms, pain descriptors, onset, duration, intensity, alleviating and aggravating factors, impact...)

Exclusion of red-flags (SNOOP 4 mnemonic): systemic symptoms and secondary risk factors like cancer and HIV, neurological deficit, onset, old age (>50), symptoms starting with P-papilledema, postural, precipitated by Valsalva and progressive

Similar to a previous diagnosed headache with no red-flags

Maintain usual acute and/or prophylactic treatment and healthy lifestyle habits

New distinctive features

Headache attributed to systemic viral infection

(Headache of any duration in a patient diagnosed with a systemic viral infection and no evidence of meningitic or encephalitic involvement; and at least two of: headache has developed in temporal relation to onset of the systemic viral infection; and/or headache has significantly worsened in parallel with worsening of the systemic viral infection; and/or headache has significantly improved or resolved in parallel with improvement in or resolution of the systemic viral infection and/or headache has either or both of the following characteristics: a) diffuse ;pain; b) moderate or severe intensity. Not better accounted for by another ICHD-3 diagnosis.)

Other ICHD3 diagnosis (ie, cough headache, probable external-compression headache)

Treat according to current guidelines and/or send to Headache consultation

Migraine-like

(often unilateral, pulsating, moderate to severe intensity, often nausea and/or vomiting, photo-and/or phonophobia with avoidance of physical activity and preference for dark and quiet)

Tension-type-like

(often generalized, described as pressure or tightness, intensity mild to moderate, mild photo or phonophobia may occur, mild nausea no vomiting, usually maintains activity)

Lifestyle changes (eg. regular sleep patterns, regular exercise, regular meals and healthy diet, reduction of stress, avoidance of known triggers)

Acute treatment:

- mild to moderate: Paracetamol 1000 mg, AAS 1000mg, Ibuprofen 400-600mg, Naproxen 500-550mg, Diclofenac 50-100mg
- severe or refractory: triptans (zolmitriptan, sumatriptan, naratriptan, frovatriptan, almotriptan* and eletriptan*)

(*ritonavir increases its levels due to CYP3A4 metabolism)

Acute treatment:

- if necessary: Paracetamol 1000 mg, AAS (650-1000 mg, Ibuprofen 400-600mg, Naproxen 500-550mg, Diclofenac 50-100mg)

Persistence of headache > 3 months, new or refractory symptoms

HEADACHE CONSULTATION