

New persistent daily headache.

Usually no prior headache history and always secondary. Three types: self-limiting; refractory; relaxing remitting. Pain is moderate to severe, males more than females. Migraine features very common. Can have anxiety, ocd, catastrophising phenotype. Most will have hypermobility. (If autonomic features watch dissection.)

There is always a trigger:

Cervico-genic.

These can trigger a migraine phenotype (cervico-trigeminal activation).

Postsurgical, sleeping in different beds, fairground rides, holding neck in one position for some time (breastfeeding), long periods of travel.

Low pressure. Relieved by line flat. Tilt down helps. Galad MRI.

Raised pressure.

Tilt head down for two minutes worsens. These are usually abnormal reset problems following a transient pressure event. A trip to a high altitude, a Valsalva event, recent weight gain. Measured pressure may be normal in both the above. Acetazolamide 125 and up, Topiramate can lower pressure.

Persistent cerebral vasoconstriction. Thunderclap at onset. Nimodipine, Verapamil (not as good)

Post infective.

Investigation contested as is treatment. Maybe due to increase in TNF levels.

Doxycycline reduces TNF - ? 2 month trial. ? Antivirals. ?Steroids in early stages.