

**References:** 1. Lipson RB, Diamond S, Reed M, Diamond S, Stewart WF, Migraine diagnosis and treatment: results from the American Migraine Study II. *Headache*. 2001;41:638-645. 2. Headache Classification Subcommittee of the International Headache Society. The international classification of headache disorders: second edition. *Cephalalgia*. 2004;24(suppl 1):1-140. 3. Martin VT, Penzien DV, Houle TT, Andrew ME, Lolland KR. The predictive value of abbreviated migraine diagnostic criteria. *Headache*. 2005;45:1102-1112. 4. Martin VT. Simplifying the diagnosis of migraine headache. *Adv Stud Med*. 2004;(4):200-209.

Less than half the patients with migraine have been diagnosed with migraine.<sup>1</sup>

# Migraine or Secondary Headache?

## Two tools to help you decide.

The International Headache Society (IHS) defines migraine without aura as a recurrent headache disorder lasting 4–72 hours, typically characterized by<sup>2</sup>:

- Unilateral location
- Pulsating quality
- Moderate or severe intensity
- Aggravated by routine physical activity
- Associated with nausea, and/or photophobia and phonophobia

**The definition of migraine is clear. Diagnosing migraine can be difficult.**

To help physicians, here are 2 of the many tools available:

# Nausea and Other Symptoms as Predictors of Migraine

Physicians can effectively predict migraine using **abbreviated diagnostic criteria**.<sup>3</sup>

To simplify the diagnosis of migraine, Dr. Vincent T. Martin and associates conducted a study in which 1,529 patients with headache were tested with abbreviated diagnostic criteria models made up of 1, 2, or 3 migraine-associated symptoms. Results were compared with previous diagnoses based on IHS criteria. The 3 models testing highest for sensitivity, specificity, positive and negative likelihood ratios, and accuracy were:

**Nausea** (the only optimal one-variable model)

**Nausea/Photophobia/Worsening with Physical Exertion**

**Nausea/Photophobia/Pulsating**

These simple, easy-to-use models can effectively predict migraine in diverse clinical settings.

Note: One should not conclude that all headaches with nausea are migraine headache since secondary headache disorders may present with nausea as a symptom. Therefore, abbreviated criteria should be applied only after an appropriate history and physical examination have been performed to exclude red flags of secondary headache disorders. These models should only be applied after secondary headache disorders have been excluded.

Adapted with permission from Martin VT, et al. The predictive value of abbreviated diagnostic criteria. *Headache*. 2005;1102–1112.

For more on Diagnostic Tools, visit [www.migraine-information.com](http://www.migraine-information.com)

## To Help Determine if the Headache Is a Primary or Secondary Headache

Secondary causes of headache are of great concern to physicians. The SNOOP Mnemonic<sup>4</sup> was developed as a reminder of red flags that may point to the potential of a secondary headache.

### SNOOP Mnemonic for Secondary Headache Disorders

<b>S</b>	<b>Systemic sign or symptoms</b>	Fever, weight loss, history of malignancy or HIV, meningismus
<b>N</b>	<b>Neurologic signs or symptoms</b>	Hemiparesis, hemisensory loss, diplopia, dysarthria
<b>O</b>	<b>Onset</b>	“Worst headache of life,” headache that reaches peak intensity within seconds to minutes (eg, thunderclap headache)
<b>O</b>	<b>Old age</b>	New onset of headache >40 years of age
<b>P</b>	<b>Progression of an existing headache disorder</b>	Change in the quality, location, or frequency of existing headaches

Adapted with permission from Martin VT. Simplifying the diagnosis of migraine headache. *Adv Stud Med*. 2004;(4):200–209.

For more on Diagnostic Tools, visit [www.migraine-information.com](http://www.migraine-information.com)