

Clinical Pearls about Headache in Older Adults



Older individuals are roughly **12 times more likely** to have serious underlying causes of their headache.

The probability of secondary headache increases steadily with age. Secondary headaches include those associated with the diagnosis of:

- Giant Cell Arteritis
- Post-herpetic Neuralgia
- Subarachnoid Hemorrhage
- Intracerebral Hemorrhage
- Intracranial Neoplasm *Including Brain Metastases*
- Acute Glaucoma
- Hypertension
- Sleep Apnea
- Cardiac Cephalgia
- Cervicogenic Pain

Migraine presents differently in older adults compared to younger adults:

- In older individuals, headache associated with migraine is more likely to be bilateral with less photophobia and phonophobia.
- Migraine attacks in the elderly tend to start more often (up to 60%) at night or in the early morning.

Aura 101

- Migraine aura may also present without headache and a careful assessment is needed to exclude stroke, transient ischemic attack and seizure.
- The prevalence of aura without headache can increase from 6% to 16% in people after they reach the age of 55.

Hypnic Headache 101

- Hypnic headache is a primary headache that impacts older adults and develops while sleeping.
- Cerebral MRI and a 24-hour blood pressure monitoring should be performed in the diagnostic work-up of a hypnic headache.
- Caffeine, taken as a cup of strong coffee, seems to be the best acute and preventive treatment option.

	Class of Medication	Side Effects	Recommendations
Acute Treatment	Triptans and DHE	Vasoconstrictive medications increase risk of coronary artery disease	Careful use
	NSAIDs	Peptic ulcers and gastric hemorrhages Cardiac and renal side effects When combined with anti-coagulative therapies, NSAID use can result in acute renal insufficiency, nephritis, proteinuria and edema	Check medication interactions. Make sure that there are no cardiac, renal, gastrointestinal or other contraindications. Limit use to "as needed" Consult patients about side effects
	Antiemetics	Higher risk of extra-pyramidal symptoms	Careful use
Preventive Treatment	Tricyclic Antidepressants	Increased risk of cognitive impairment, urinary retention and arrhythmias	Avoid or limit
	β -blockers	Increased risk of sedative effects, conduction abnormalities, asthma, glaucoma, depressive symptoms and diabetes.	Careful monitoring
	Valproic Acid	Might induce liver enzyme disorders, bone marrow suppression, delirium, tremor, ataxia and, in rare cases, a pyramidal syndrome with dementia	Monitor closely. Discuss interactions between medications.
	Topiramate	Many side effects, most often nephrolithiasis, weight loss, sedative, cognitive side effects or agitation	Monitor closely
	Verapamil	Associated with gastrointestinal bleeds as it has antiplatelet effects. Can decrease blood pressure and prolong PR interval on ECG	Monitor closely
	CGRP blocking medications	Side effects include constipation. Erenumab associated with elevated blood pressure.	Consider that multiple clinical trials testing these agents had age limitations and older adults were not enrolled

