NICE National Institute for Health and Care Excellence

NICE quality standard

Headaches in over 12s

Quality standard

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This standard is based on CG150.

This standard should be read in conjunction with QS15.

Introduction

This quality standard covers the diagnosis and management of the most common primary headache disorders (tension-type headache, migraine and cluster headache) and medication overuse headache in adults and young people aged 12 years and older. For more information see the topic overview.

Why this quality standard is needed

Headache disorders are classified as primary or secondary. The cause of primary headaches is not well understood and they are classified according to their clinical pattern. The most common primary headache disorders are tension-type headache, migraine and cluster headache. Secondary headaches are caused by underlying disorders and include headaches associated with medication overuse, giant cell arteritis, raised intracranial pressure and infection. Medication overuse headache most commonly occurs in people taking medication for a primary headache disorder. Headaches are one of the most common neurological problems presented to GPs and neurologists.

Most of the health and social burden of headaches is caused by primary headache disorders and medication overuse headache. An estimated 25 million days are lost from work or school because of migraine each year[1]. Headaches not only have an impact on the person during a headache; the anticipation of a headache can cause significant anxiety between attacks.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcome framework published by the Department of Health:

- NHS Outcomes Framework 2013/14

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Table 1 shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2013/14

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition**
4 Ensuring that people have a positive experience of care	*Overarching indicator* 4a Patient experience of primary care (i) GP services
Alignment across the health and social care system ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Coordinated services

The quality standard for headache in young people and adults specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole headache care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to young people and adults with headache.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality headache service are listed in Related NICE quality standards.

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Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare practitioners involved in assessing, caring for and treating young people and adults with headache should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

[1] Migraine Trust (accessed August 2013) Key facts and figures about migraine.

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List of quality statements

Statement 1. People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Statement 2. People with a primary headache disorder are given information on the risk of medication overuse headache.

Statement 3. People with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Statement 4. People with migraine are advised to take combination therapy with a triptan and either a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

Statement 5 (placeholder). Raising public and professional awareness.

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Quality statement 1: Classification of headache type

Quality statement

People diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Rationale

Classifying headache type according to the features of the headache will allow people with a primary headache disorder to receive appropriate treatment and prevention for their headaches. It is recognised that some people will have more than one headache disorder and therefore have more than one classification. Accurate classification and treatment has the potential to reduce referrals for unnecessary investigations and contribute to improved quality of life for people with a headache disorder.

Quality measures

Structure

Evidence of local arrangements to ensure that people diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Data source: Local data collection.

Process

Proportion of people diagnosed with a primary headache disorder who have their headache type classified as part of the diagnosis.

Numerator – the number of people in the denominator who have their headache type classified as part of the diagnosis.

Denominator – the number of people diagnosed with a primary headache disorder.

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Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for people diagnosed with a primary headache disorder to have their headache type classified as part of the diagnosis.

Healthcare practitioners ensure that people diagnosed with a primary headache disorder have their headache type classified as part of the diagnosis.

Commissioners ensure that they commission services that classify headache type for people diagnosed with a primary headache disorder as part of the diagnosis.

What the quality statement means for patients, service users and carers

Peoplewithaheadachedisorder with no known cause (sometimes called a primary headache disorder) have the type of their headache classified as part of their diagnosis. Common headache types include tension-type headache, migraine and cluster headache.

Source guidance

- Headaches (NICE clinical guideline 150), recommendations 1.2.1 (key priority for implementation), 1.1.1 and 1.1.2.

Definitions of terms used in this quality statement

Primary headache disorders include tension-type headache, migraine and cluster headache as defined in the headache features table (see the Diagnosis of tension-type headache, migraine and cluster headache table in NICE clinical guideline 150) and which have been diagnosed as a result of excluding other causes and taking a history.

Excluding other causes

NICE clinical guideline 150 lists the signs and symptoms of secondary headaches for which further investigations and/or referral may be considered as:

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- worsening headache with fever
- sudden-onset headache reaching maximum intensity within 5 minutes
- new-onset neurological defect
- new-onset cognitive dysfunction
- change in personality
- impaired level of consciousness
- recent (typically within the past 3 months) head trauma
- headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze
- headache triggered by exercise
- orthostatic headache (headaches that change with posture)
- symptoms suggestive of giant cell arteritis
- symptoms and signs of acute narrow-angle glaucoma
- a substantial change in characteristics of their headache.

NICE clinical guideline 150 also states criteria for which further investigations and/or referral may be considered for people who present with new-onset headache. These are:

- compromised immunity, caused, for example, by HIV or immunosuppressive drugs
- age under 20 years and a history of malignancy
- a history of malignancy known to metastasise to the brain
- vomiting without other obvious cause (for example a migraine attack).

Equality and diversity considerations

The diagnosis of a primary headache disorder is usually based on subjective symptoms. Some people may need support to accurately describe their symptoms, including children and those with additional needs such as physical, sensory or learning disabilities and people who do not speak English. The support should be tailored to the person, and people presenting with a headache

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should have access to an interpreter or advocate if needed.

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Quality statement 2: Preventing medication overuse headache

Quality statement

People with a primary headache disorder are given information on the risk of medication overuse headache.

Rationale

Medication overuse is a cause of secondary headaches in people with a primary headache disorder. Providing information to people with a primary headache disorder about the risk of medication overuse may prevent these secondary headaches.

Quality measures

Structure

Evidence of local arrangements to ensure that people with a primary headache disorder are given information on the risk of medication overuse headache.

Data source: Local data collection.

Process

Proportion of people with a primary headache disorder who are given information on the risk of medication overuse headache.

Numerator – the number of people in the denominator who are given information on the risk of medication overuse headache.

Denominator – the number of people with a primary headache disorder.

Data source: Local data collection.

Outcome

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Incidence of medication overuse headache.

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for people with a primary headache disorder to be given information on the risk of medication overuse headache.

Healthcare practitioners including pharmacists give people with a primary headache disorder information on the risk of medication overuse headache.

Commissioners ensure that they commission services that give people with a primary headache disorder information on the risk of medication overuse headache.

What the quality statement means for patients, service users and carers

Peoplewithaheadachedisorder with no known cause are given information about the risk of too much medication causing more headaches.

Source guidance

- Headaches (NICE clinical guideline 150), recommendation 1.3.6.

Definitions of terms used in this quality statement

Primary headache disorders include tension-type headache, migraine and cluster headache.

Medication overuse headaches are headaches associated with taking too much medication. They most commonly occur in people taking medication for a primary headache disorder, especially for tension-type headaches and migraine.

Equality and diversity considerations

All information given about the risk of medication overuse headache should be culturally appropriate and accessible to people with additional needs, such as physical, sensory or learning

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disabilities, and to people who do not speak or read English. People with a primary headache disorder should have access to an interpreter or advocate if needed.

It may be appropriate in some cases, particularly with young people, to provide information to parents and carers as well as the person with the headache disorder.

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Quality statement 3: Imaging

Quality statement

People with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Rationale

Referral for imaging solely for reassurance is most common in people diagnosed with tension-type headache and migraine. Therefore, the potential to reduce inappropriate referrals is greatest for these headache types. When healthcare professionals are confident about the diagnosis and classification of tension-type headache or migraine, imaging provides no more information and can lead to delays in diagnosis and treatment, and unnecessary anxiety for people.

Quality measures

Structure

Evidence of local arrangements to ensure that people with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Data source: Local data collection.

Process

Proportion of people with a tension-type headache or migraine who are referred for imaging.

Numerator – the number of people in the denominator referred for imaging.

Denominator – the number of people with tension-type headache or migraine.

Data source: Local data collection.

Outcome

Rate of positive findings of cause of headache on imaging.

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Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place so that people with tension-type headache or migraine are not referred for imaging if they do not have signs or symptoms of secondary headache.

Healthcare practitioners do not refer people for imaging if they have tension-type headache or migraine and no signs or symptoms of secondary headache.

Commissioners ensure that they commission services that do not refer people for imaging if they have tension-type headache or migraine and no signs or symptoms of secondary headache.

What the quality statement means for patients, service users and carers

People with tension-type headache or migraine are not referred for a brain scan if they do not have signs or symptoms of other conditions known to cause headaches.

Source guidance

- Headaches (NICE clinical guideline 150), recommendations 1.3.3 (key priority for implementation), 1.1.1 and 1.1.2.

Definitions of terms used in this quality statement

Signs and symptoms of secondary headache are listed in NICE clinical guideline 150 as:

- worsening headache with fever
- sudden-onset headache reaching maximum intensity within 5 minutes
- new-onset neurological defect
- new-onset cognitive dysfunction
- change in personality

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- impaired level of consciousness
- recent (typically within the past 3 months) head trauma
- headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze
- headache triggered by exercise
- orthostatic headache (headaches that change with posture)
- symptoms suggestive of giant cell arteritis
- symptoms and signs of acute narrow-angle glaucoma
- a substantial change in characteristics of their headache.

NICE clinical guideline 150 also states criteria for which further investigations and/or referral may be considered for people who present with new-onset headache. These are:

- compromised immunity, caused, for example, by HIV or immunosuppressive drugs
- age under 20 years and a history of malignancy
- a history of malignancy known to metastasise to the brain
- vomiting without other obvious cause (for example a migraine attack).

Imaging includes CT, MRI or MRI variants.

Equality and diversity considerations

Some people may be anxious about not being referred for imaging and may need reassurance. Reassurance should take into account the needs of the individual, particularly any cultural needs, physical, sensory or learning disabilities, and of people who do not speak or read English. People should have access to an interpreter or advocate if needed.

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Quality statement 4: Combined treatment for migraine

Quality statement

People with migraine are advised to take combination therapy with a triptan and either a non-steroidal anti-inflammatory drug (NSAID) or paracetamol.

Rationale

Correct treatment can relieve the symptoms of migraine and improve quality of life. Previously, people with migraine would have been treated with a stepped-care approach; however, evidence shows that combination therapy with a triptan and either an NSAID or paracetamol is the most effective first-line treatment for migraine.

Quality measures

Structure

Evidence of local arrangements to ensure that people with migraine are advised to take combination therapy with a triptan and either an NSAID or paracetamol.

Data source: Local data collection.

Process

Proportion of people with migraine who are advised to take combination therapy with a triptan and either an NSAID or paracetamol.

Numerator – the number of people in the denominator who are advised to take combination therapy with a triptan and either an NSAID or paracetamol.

Denominator – the number of people with migraine.

Data source: Local data collection.

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What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for people with migraine to be advised to take combination therapy with a triptan and either an NSAID or paracetamol.

Healthcare practitioners advise people with migraine to take combination therapy with a triptan and either an NSAID or paracetamol.

Commissioners ensure that they commission services that advise people with migraine to take combination therapy with a triptan and either an NSAID or paracetamol.

What the quality statement means for patients, service users and carers

People with migraine are advised to take a type of drug called a triptan, to be taken with either a type of drug called a non-steroidal anti-inflammatory drug (or sometimes called an NSAID) or paracetamol.

Source guidance

- Headaches (NICE clinical guideline 150), recommendation 1.3.10 (key priority for implementation).

Definitions of terms used in this quality statement

Use of triptans For adults an oral triptan should be offered as part of combination therapy. For young people aged 12–17 years a nasal triptan should be considered in preference to an oral triptan.

At the time of publication of the guideline (September 2012), triptans (except nasal sumatriptan) did not have a UK marketing authorisation for this indication in people aged under 18 years. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. The patient (or their parent or carer) should provide informed consent, which should be documented.

NSAIDs, paracetamol and some triptans are available over the counter at pharmacies and therefore may not always require a prescription.

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Equality and diversity considerations

To ensure treatment is effective it should take into account the person's age, preference, comorbidities and risk of adverse events.

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Quality statement 5 (placeholder): Raising public and professional awareness

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no NICE or NICE-accredited guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be accredited or developed in this area, and this area may be addressed when the source guidance is updated.

Rationale

Raising public and professional awareness of primary headache disorders has the potential to improve the quality of life for young people and adults with a primary headache disorder. This disorder remains under-diagnosed because often people do not consult a healthcare professional to obtain an accurate diagnosis. In some cases this leads to self-medication, which may be inappropriate and can lead to medication overuse headache. Raising public and professional awareness of headaches could increase the number of people consulting healthcare professionals, leading to an increase in accurate diagnoses and appropriate treatment and prevention of headaches.

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Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, patients, service users and carers alongside the documents listed in Development sources.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

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Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare practitioners and young people and adults with headache is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Young people and adults with headache should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Headaches. NICE clinical guideline 150 (2012).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- The All-Party Parliamentary Group on Primary Headache Disorders (2010) Headache disorders – not respected, not resourced. A report of the All-Party Parliamentary Group on Primary Headache Disorders (APPGPHD).
- Department of Health (2005) The National Service Framework for long term conditions.

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Related NICE quality standards

Published

- Patient experience in adult NHS services. NICE quality standard 15 (2012).

Future quality standards

The Department of Health and other key partners have worked with NICE to develop a core library of topics for quality standard development in health-related topics. Future topics will be referred to NICE by NHS England for health-related areas, and by the Department of Health and Department for Education for non-health areas such as social care. This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Medicines optimisation (covering medicines adherence and safe prescribing).

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Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. For further information about the standing members of this committee see the NICE website. The following specialist members joined the committee to develop this quality standard:

Dr Sam Chong
Consultant Neurologist, The Medway Hospital NHS Trust, Kent

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Senior Pharmacist for Community Pharmacy, NHS Merseyside, Liverpool

Dr David Kernick
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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway for headaches.

Changes after publication

April 2015: Minor maintenance.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality

standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Association of British Neurologists (ABN)
- Migraine Action
- Royal College of Radiologists
- Royal College of General Practitioners (RCGP)
- Migraine Trust
- Musculoskeletal Association of Chartered Physiotherapists
- UK Clinical Pharmacy Association (UKCPA)
- Royal College of Paediatrics and Child Health
- British Association for the Study of Headache

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