

Example of GPs script:

Patient contribution

Erin, good to see you...

ICE

Okay, so what do you think's going on?

Have you ever heard of cluster headaches?

Do you think that's what might be going on for you?

Because we felt that this was migraine last week, didn't we?

Now that we've done that CT scan, did you have any particular fears about what was causing this?

What were you hoping I would do for you today?

Okay, and what does your husband want me to do for you?

PSO

And what's work involving at the moment?

You're a manager with Gentoo, aren't you?

Are you coping with the kids and everything?

You're not a smoker, not a big drinker?

No substances? No cocaine, or anything like that?

No diet tablets or anything like that?

Red flags

So, a lot of driving around; are you safe to drive?

No chest pain?

Focussed history

So, how are you functioning?

Anything in the family?

No history of migraines or anything like that?

Can you use your arms and legs?

Just general fatigue?

No localising signs, not one arm that wouldn't work or anything like that?

Okay, no numbness anywhere?

No weakness in your face?

You could speak?

Not aware of your heartbeat or anything like that?

So, we'd started you back on propranolol, how far had you got on with that?

Is that suiting you okay?

It's not making you feel tired or anything like that?

Focussed examination

Your blood pressure's been alright, hasn't it?

We checked that last week and that was alright, and you had it done in the hospital as well?

Identify problem

Yeah, so your brain wasn't working quite right when this was at its worst?

Have you ever heard of cluster headaches?

I mean, from what you've described to me so far, this sounds very much as if you're having cluster headaches or a gathering of migraines, doesn't it. Even though you didn't feel that this was specifically a migraines thing, but you lost vision and your CT scan was reassuring.

Your brain wasn't functioning?

So, I think that's part of it, this - when it happens, is so severe that you find it really hard to concentrate.

And that's probably what's going on with your brain. The structure of your brain seems okay, we've scanned that, and it seems reassuring, but let's get an opinion from a neurologist about how we deal with this in the future for you.

Check understanding

Does that make sense?

Develops management plan / shares management plan

Well it's a neurology hot clinic, where you get an urgent appointment to see a neurologist and they can give you further advice.

Right, okay. So, if you've got cluster headaches, they're a little bit different from migraines. They do respond, actually, to a couple of things; so, sumatriptan actually works quite well.

Is it bad enough for you to take something like sumatriptan at the moment?

Well I don't think there's any emergency, but if the headache gets worse you can always use that. Oxygen works quite well for cluster headaches as well, for treatment.

But, anyway, paramedics would be carrying that kind of thing if you had a really severe headache, you can always try that out. But it may well be that if you're getting cluster headaches, that the neurology clinic will recommend a preventative treatment for cluster headaches.

So that might be one of the functions of actually going to that clinic.

You don't need a fit note from me?

If you get a bad migraine, you are going to need to take some time off.

In which case, I'm happy to back that up with a note if you need it, but otherwise, for short periods of time off work, it's going to be self-certified.

Let's get the opinion from the neurologist as to whether this is a cluster that you've been getting and what preventative treatment might be worthwhile thinking about for you.

Well, if you're not prepared to take the sumatriptan because it's making you too tired, then I don't have any treatment that's going to be miraculous for it. Some people do find that amitriptyline can help a little bit with this type of pain, if it's lingering around, and that can help you to sleep too; but, obviously the downside with using amitriptyline is dry mouth

And drowsiness, so take it on a night.

We commonly use amitriptyline as a preventative treatment for migraines, and, again, it's not a particularly great preventative treatment for cluster headaches. But, it can

help you with headaches while you've got them if you wanted to give that a go. What do you think?

Do you want to give it a go?

See if it helps, yeah, because if you're not willing to take the triptan at the moment, then fair enough.

Okay, well you've got some, just in case, if you need it - if the headache was getting more severe. Take one of these tonight.

See how helpful or otherwise you find it, and if you're finding it's not causing you too much drowsiness or too much dryness in the mouth, you can always increase it a little bit and then you can still get around.

It's designed as being a preventative treatment for headaches.

No, not for me, definitely not.

This is unusual? So, this is the first bout you've had where it's been nearly as severe as this. Is that normal? Well, if it's a cluster headache, this will come about once in a blue moon, probably; but when it comes about, you'll know about it. It's good to have a strategy to know how to deal with that. So, if you wanted to read up more about cluster headaches, and then to discuss with the neurologist when you see the neurologist in the next couple of weeks, that would be sensible.

Safety net and follow up

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So, patient.info is a good source of information. Do you want me to write that down for you?

So, try this for the headaches, if your headaches go then you can, by all means, stop this.

But, if you're having persistent headaches, it's a good idea to be using something as a background. But I won't start you on a specific preventative treatment for cluster until you've seen the neurologist, and they can give you an opinion about where you go from there.