

P - Hi

D - Erin, good to see you

P - Here is your sheet.

D - Thank you.

P - I don't know if you know, but came back in last Friday and saw Dr Scott-Batey because I had a really strange episode at work on Friday, where I kind of had a bit of a curtain came across one of my eyes. It wasn't like a migraine - I couldn't write, and that really kind of scared me at work. Someone brought something in for me to sign, and I just couldn't even sign my name or anything. It was - I don't know, I felt really vacant and stuff, and he sent me straight down to A&E. Did a CT scan, which they said was fine but some of the symptoms I was displaying weren't, kind of, normal. And they were talking about sending me to the stroke clinic I think, but they've changed it to the 'hot head clinic' - whatever that is, I don't really know, so I'm waiting for an appointment for that. But, since then the headaches haven't- it's not a migraine but I've just got a constant headache. I still don't feel like - I just feel sluggish. I'm taking paracetamol and ibuprofen daily, I haven't taken the sumatriptan because it doesn't feel like a migraine, as such; it's just this this constant, I don't know, vacant, sluggish type of thing.

D - Okay, that doesn't sound like much fun at all.

P - I mean, they suggested - the hospital - that I keep my appointment because I made an appointment just in case with you, to see if I was on the right medication or if there was anything further that I could discuss with you, really, but I don't know.

D - Sounds horrible, okay, it's reassuring that the CT scan was okay, isn't it. Okay, so what do you think's going on?

P - I really don't know, it almost feels like something's been kind of unplugged. I'm kind of going to bed with a headache, waking up with a headache; it's this side, not the left side, it's the right side.

D - Have you ever heard of cluster headaches?

P - Yeah, I've read about them, obviously when I read on the internet about migraines and various different types and stuff.

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

P - I don't know. Like I say, it absolutely doesn't feel like a migraine - I've got no nausea, it just feels like, it kind of feels like this eyeball's being pushed out, like a kind of pressure.

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

P - No, not really, no.

D - Anything in the family?

P - No there's no history of -

D - No history of migraines or anything like that?

P - No, no history of migraines, strokes, nothing like that. I mean I was laughing, I know I shouldn't laugh, but it was like a dementia-y kind of thing. Because Dr Scott-Batey was asking me, like, basic questions, he sort of said 'what's that?', 'a watch', and 'what's the things called that go round and round on it?' and I didn't know.

D - What about now?

P - Yeah, hands on a watch.

D - And your vision, is that back?

P - Yeah, it still feels a little bit not as sharp, everything doesn't feel as sharp. I think that's how I can describe it, really.

D - So, how are you functioning?

P - Alright, I'm at work and I'm sort of-

D - Still coping?

P - Yeah, yeah.

D - And what's work involving at the moment?

P - Oh, you name it, work is busy. A fair bit of driving between a couple of offices and people problems.

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

P - Yeah, I am, yeah.

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

P - Yeah, I feel alright. I feel, I mean Dr Scott-Batey wouldn't let me drive on Friday, but I don't feel anywhere near like I did on Friday.

D - Yeah, okay.

P - But I still, it was only on Sunday when I got the function of writing back, it's just, it was really scary, I don't know why. It's almost like the things that are in my subconscious, I lost the ability to do.

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

P - No.

D - Okay, alright.

P - It just felt like something was kind of-

D - Can you use your arms and legs?

P - I had real, kind of, tiredness in my arm.

D - Just general fatigue?

P - Yeah, I couldn't kind of lift my arm

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

P - No, no.

D - Okay, no numbness anywhere?

P - I had pins and needles in my hands.

D - No weakness in your face?

P - No.

D - You could speak?

P - Yeah, I could speak, yeah.

D - Okay, but sometimes thinking was a bit sluggish.

P - Yeah, I couldn't get my words out, which is, you know not normal for me.

D - What were you hoping I would do for you today?

P - I really don't know, I think I just probably wanted more reassurance than just to either carry on what you're doing or wait until I've been to this.

D - And when's your appointment for this clinic?

P - I haven't, haven't got anything through.

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

P - I don't know, he's just concerned that I'm okay, really.

D - Are you coping with the kids and everything?

P - Yeah, I mean it's teenagers you know, they're... they're not bad kids, you know, they're not in trouble or anything, just the usual.

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

P - I don't drink at all.

D - No substances? No cocaine, or anything like that?

P - No. Nothing at all, I'm very boring.

D - No diet tablets or anything like that?

P - No.

D - Fine, okay.

P - No, I'm very boring.

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

P - Yeah, yeah.

D - Alright.

P - I don't even know what the 'hot head' thing means, I don't know what that...

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

P - Right.

D - 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 blood pressure's been alright, hasn't it?

P - Yeah.

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

P - Yes, I think they did it there, I can't remember actually.

D - But everything's okay?

P - Yeah.

D - No chest pain?

P - No.

D - Not aware of your heartbeat or anything like that?

P - No, no.

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

P - Yeah, I mean I've been taking two on a morning, and two, sort of, before bed.

D - Is that suiting you okay?

P - Well, I've not felt any...

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

P - No, no not really.

D - 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.

P - Okay.

D - So it's worthwhile giving that a go if you've still got the headache. The headache's not so bad at the moment though?

P - Yeah, it's not like...

D - Give me a score out of ten.

P - Five - it's manageable.

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

P - I don't feel like it is, I'm kind of just taking paracetamol.

D - Do you get drowsy when you take the sumatriptan?

P - Yeah, so I'm conscious of...

D - Which is why you're reluctant?

P - I am.

D - Don't worry.

P - I only want to take that if I absolutely need to.

D - 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.

P - Right.

D - But it's not easily accessible for you, is it?

P - No.

D - 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.

P - Right.

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

P - Right, okay.

D - You don't need a fit note from me?

P - No.

D - You're quite determined to carry on working.

P - I am, I mean, I've just started a top-up degree as well with work. I know I've got lots on, I am really busy, but it kind of...

D - It's nice busy?

P - Yeah, I don't feel overwhelmed with life.

D - Okay.

P - So, part of me thinks 'I could do with a couple of days', but I've got holidays, you know, I can put a week's leave in.

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

P - Yeah, I know that, because...

D - 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.

P - Yeah.

D - Is that okay?

P - Yeah.

D - And you're up to date with your thyroxine doses?

P - Yep.

D - Propranolol, interestingly, even though it prevents migraines, it doesn't do much for preventing cluster headaches.

P - Right.

D - 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.

P - Right.

D - So there's a strategy for it, as and when it happens as well. Does that make sense?

P - Yeah, it's just, as I say, it just hasn't gone. It's just getting a bit wearing now, I'm just getting worn out.

D - 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

P - Right, okay.

D - And drowsiness, so take it on a night.

P - Yeah, yeah, I mean sleeping's not a problem. I mean, I tend to go to bed about nine, half-nine, I mean I'm not a...

D - 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?

P - Yeah, I mean, I'm open to whatever you...

D - Do you want to give it a go?

P - Yeah, give it a go, and see if it helps.

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

P - Yeah, I mean it's not that I'm not willing, it's just that I kind of want to use it as an absolute last resort.

D - 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.

P - Right.

D - 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.

P - Right, yeah.

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

P - Is it normal for it to kind of, linger like this then?

D - This is not normal for you, is it?

P - No, not for me, definitely not.

D - 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.

P - Yeah.

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

P - No, I'll be fine.

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

P - Yeah.

D - Yeah.

P - Okay.

D - 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.

P - Yeah.

D - This is often quite good for headaches for whatever reason.

P - Right, okay. So, would that be, in terms of me not being able to write, is that...

D - I think that's linked in with this.

P - Is it?

D - I think that's linked in with it. So, if you get a migraine, you're not writing, anyway.

P - No, no.

D - You can't concentrate, you can't focus, and your vision's affected.

P - I could write though, that was what I couldn't... He asked me to write a sentence, you know, Dr Scott-Batey, and I wrote you know 'Hello, my name is Catherine', but then when he asked me to sign my name I just couldn't.

D - Your brain wasn't functioning?

P - No, I just couldn't do it.

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

P - Yeah.

D - 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.

P - Right, okay.

D - Keep me posted.

P - I will, and thank you, thanks a lot.

D - It's no trouble.