

The HelpDesk Search Strategy

HelpDesk Answers are intended to provide the same quality response to a clinical question as would be achieved by a search-savvy physician spending an hour or so on the Internet. Authors of HelpDesk Answers are required to search PrimeEvidence (<http://www.primeanswers.org>) and the TRIP database (www.tripdatabase.com). These portals provide access to more than a dozen sources of the highest quality evidence-based clinical information, including BMJ Clinical Evidence, the Guide to Clinical Preventive Services, AHRQ Evidence Reports, and others. Searches of the Cochrane Database, Medline, and other databases are also included, as needed.

Are narcotics effective for treatment of patients with chronic daily headaches?

Evidence-Based Answer

There is no published research directly evaluating the use of narcotics to treat patients with chronic daily headache. The risks of narcotic use are well known. Nevertheless, narcotics may have some value in carefully selected patients. (SOR **C**, based on expert opinion.)

Classification of headaches can be problematic for family physicians, leading to difficulties with treatment. Chronic daily headache (CDH) is defined by the International Headache Society as the occurrence of headache on >15 days per month for >3 months.¹ Other definitions found in the literature for CDH include headache occurring on >15 days per month and lasting >4 hours a day in a patient with no other organic finding on clinical or imaging evaluation, and headaches of varying frequency lasting for 6 months.^{2,3}

We were unable to find evidence-based recommendations on the use of narcotics for CDH. All information regarding this topic is based on expert opinion. Several opinion articles addressing narcotic use for CDH neglected to clearly define the condition. Many types of headache, including transformed migraine, chronic tension-type headache, and medication-overuse headache, can probably lead to CDH,⁴ and each of these states is likely to respond to different treatment modalities.

Narcotics are considered safe and inexpensive treatment for chronic headache.⁵ However, many physicians are reluctant to use opioids for 3 reasons: danger of addiction and abuse, uncertainty of analgesic effect in headache, and potential

adverse side effects.⁶ Other concerns are potential withdrawal⁷ and transformation into medication-overuse headache.⁸

The International Headache Society's headache classification guidelines¹ link to recommendations for treatment. However, they provide no recommendations for treatment of CDH.

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When should an MRI be done for patients with symptoms of sciatica?

Evidence-Based Answer

Magnetic resonance imaging (MRI) should be considered in patients with sciatica if "red flag" symptoms are present. MRI should also be considered for patients with sciatica in whom conservative treatment has failed over 4 to 6 weeks and who are potential surgical candidates. (SOR **B**, derived from evidence-based guidelines.)

Sciatica is often defined as low back pain with numbness or paresthesia that radiates below the knee. The condition affects 5% to 10% of patients with low back pain and is usually diagnosed through patient history and physical examination.

The Institute for Clinical Systems Improvement (ICSI) Adult Low Back Pain Guidelines are based on a systematic review of more than 100 primary and review articles. The ICSI advises against the use of MRI and computed tomography (CT) in