2017 Findlay JM.; Issar P.; Chinna S.; Issar SK. Characteristics symptoms of SAH are sudden, Evaluation of Cerebral Venous Thrombosis by CT, MRI and SR 5 prospective cross-sectional case series

2014 Berger JR.; Stein N.; Pall L. Diffusion-weighted magnetic resonance in cerebral artery dissection. Evaluation of clinical presentation, diagnosis, treatment, outcomes of 82 patients with brain abscesses. Prospective exploratory observational study

2014 Bousser MG.; Kinnear, MBChB, BSc(Hons), PhD, FACEM, Ogilvie Thom, F.; Agostoni E. Colombo B.; Di Monda T.; Gionco M.; Cortelli P.; Perini F.; D’Onofrio Wermer MJH.; Algra A. Intracranial venous system thrombosis: an analysis of 32 cases. Arterial headache disorder, with migraine being most common sub-type. Two mechanisms of venous occlusion: slow flow and rapid occlusion. MRI with MRA confirmed deep cerebral venous sinus thrombosis and delay to diagnosis and treatment with heparin can lead to increased brain damage. MRI with MRA confirmed deep cerebral venous sinus thrombosis and delay to diagnosis and treatment with heparin can lead to increased brain damage.

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2017 Alons IME. Síndrome de Migranes de Alonzo, 1a ed. 2017. Panamericana, México

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<table>
<thead>
<tr>
<th>Year</th>
<th>Author</th>
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<th>Journal</th>
<th>Grade (Oxford level of evidence)</th>
<th>Study details</th>
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<tbody>
<tr>
<td>2013</td>
<td>Seidenwurm D.; Tanenbaum L. MD.; Hasso AN.; Johnson BA.; Masaryk T.; Pomeranz SJ.; MandlyÆRube ́n Martı́ñÆAgustı́n Oterino</td>
<td>Headaches precipitated by cough, prolonged exercise or sexual activity: a prospective etiological and clinical study</td>
<td>Annals of emergency medicine Jan 2002;39(1):108-22</td>
<td>1b</td>
<td>studies from multiple centers with acute headache.</td>
<td>Red Flags most commonly found in patients with HSV encephalitis were mental status changes: abnormal level of consciousness</td>
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</table>
| 2008 | Qu 2017                                                               | Appropriate Use Criteria for Headache                                 |J Headache Pain (2008) 9:259–2                                            | 5                               | Clinical policy: critical issues in the evaluation and outcome in 106 adult patients. | Appropriate use criteria (APC) for patients older than age 50 with new-onset headache and for patients older than age 50 with new headache type and unexplained neurologic symptoms should be considered. 
   |                                                      | Red Flag Evidence Table                                               |                                                                         |                                 |                                                                                                                                |                                                                                          |
| 2002 | Hasegawa K.; Sato K.; et al.                                           | Primary cough headache, primary exertional headache, and primary sexual headache: a prospective etiological and clinical study |Neuroradiology (2013) 55:297–305                                          | 1a                              | Single institution study                                                      | Urgent imaging (CT or MRI) to rule out subarachnoid bleeding followed by an angio MR 
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |
| 2017 | De los Morenos PR.; et al.                                             | Clinical profile of tuberculous meningitis in HIV-negative adults      |Journal of clinical virology : the official publication of the Pan American Society for Clinical Virology (2017) 42:258-61 | 3                               | Retrospective SR of case series                                                | In patients with non-traumatic headache with normal neurologic exam and without warning features to headache or epidemiologically risky conditions, urgent imaging (CT or MRI) to rule out subarachnoid bleeding is recommended. 
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |
| 2013 | No author                                                              | Critical Issues                                                      |BMC infectious diseases 01 2017;17(1):51                                  | 5                               | unmatched control group of headache-free subjects                            | Recommended for patients older than age 50 with new-onset headache and for patients older than age 50 with new headache type and unexplained neurologic symptoms should be considered. 
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |
|      | No author                                                              | Clinical policy: critical issues in the evaluation and outcome in 106 adult patients. |Annals of emergency medicine Jan 2002;39(1):108-22                        | 1a                              | single institution study                                                      | Urgent imaging (CT or MRI) to rule out subarachnoid bleeding followed by an angio MR 
   |                                                      |                                                                     |                                                                         |                                 |                                                                                                                                |                                                                                          |