

## HIV positive with new onset headache

Study details	Patients	Cohorts	Outcome measures	Effect size	Comments
<p><b>Author &amp; Year:</b> Gifford and Hecht, 2001<sup>320</sup></p> <p><b>Study design:</b> Retrospective cohort study</p> <p><b>Setting:</b> 2 hospitals in San Francisco, USA. Department NR.</p> <p><b>Length of follow up:</b> Over 10 years (January 1986 to June 1996)</p>	<p><b>Patient group:</b> HIV infected adults presenting with headache and undergoing head CT scan.</p> <p><b>Inclusion criteria:</b> Patients with HIV/AIDS; had received a head CT with contrast to evaluate headache; were HIV infected at the time of the CT scan.</p> <p><b>Exclusion criteria:</b> Prior history of <i>Toxoplasma gondii</i>, primary brain lymphoma or other intracranial mass lesions; had brain imaging (head CT or MRI) or meningitis during the previous 30 days.</p> <p><b>All patients</b> <b>N:</b> 364 <b>M:</b>342; <b>F:</b>22 <b>Age:</b> &lt;30 years: n=71, 30-39 years: n= 204, ≥40 years: n=89 <b>Low risk group</b> (n)=35 <b>Intermediate risk group</b> (n)=242 <b>High risk group</b> (n)=87</p>	<p>Study cohort receiving head CT was classified into the following risk categories of having an intracranial mass lesion.</p> <p><b>Low risk</b> (no focal neurological signs, no altered mental status, no seizure, CD4 count&gt; 200 cells/μl)</p> <p><b>Intermediate risk</b> (no focal neurological signs, no altered mental status, no seizure, CD4 count&lt; 200 cells/μl)</p> <p><b>High risk</b> (focal neurological signs, altered mental status, or seizure)</p>	<p><b>Presence of intracranial mass lesions</b></p>	<p><b>1. Low risk group:</b> 0(0%, 95% CI 0% to 10%); n=35</p> <p><b>2. Intermediate risk group:</b> 22 (9%, 95% CI 2% to 16%); n=242</p> <p><b>3. High risk group:</b> 18 (21%, 95% CI 12% to 29%); n=87</p> <p>P values 1v2, p&lt;0.05 2v3, p&lt;0.01</p>	<p><b>Funding:</b> California University-wide AIDS Research Program and Department of Veteran affairs</p> <p><b>Limitations:</b> No control group. Age range not specified. Study does not list the confounding factors <i>a priori</i>.</p> <p><b>Additional outcomes:</b> Clinical variables independently associated with abnormal head CT result.</p>

Abbreviations: NR=not reported, NA=not applicable, M/F=male/female, N=total number of patients randomised, SD=Standard deviation, SE=Standard error, CI=Confidence interval, HIV=human immunodeficiency virus, AIDS= Acquired immune deficiency syndrome, CT= computed tomography, MRI= Magnetic resonance imaging

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<p><b>Author &amp; Year:</b> Singer et al, 1993 &amp; 1996<sup>734,735</sup></p> <p><b>Study design:</b> Prospective cohort study</p> <p><b>Setting:</b> Outpatient setting, Los Angeles, USA</p>	<p><b>Patient group:</b> Adult HIV+ ambulatory male volunteers recruited through advertisements and local sources.</p> <p><b>Exclusion criteria:</b> Inability to give informed consent, medical contraindication to lumbar puncture or CNS opportunistic infection or tumour identified prior to evaluation</p> <p><b>All patients</b> <b>N:</b> 229</p> <p><b>Group 1: <u>Had HIV-1 associated headache</u></b> <b>N:</b> 98 <b>Age (mean):</b> 38.1±9.7 years <b>History of non-HIV related neurologic disease:</b> 35/98 (36%) HIV related neurologic disease:</p> <p><b>Group 2 : <u>Did not have HIV-1 associated headache</u></b> <b>N:</b> 131 <b>Age (mean):</b> 39.9±10.6 years <b>History of non-HIV related neurologic disease:</b> 30/130 (23%)</p>	<p><b>Group 1: <u>HIV-1 associated headache</u></b> Patients were classified as having HIV-1 associated headache if headaches:</p> <ul style="list-style-type: none"> <li>• first occurred after the known date of HIV seropositivity,</li> <li>• did not have a clear-cut cause for example, trauma, AZT use</li> <li>• were associated with HIV-1 alone or an associated CNS opportunistic infection or tumour.</li> </ul> <p>Also included were patients who had headaches prior to HIV-1 seropositivity but developed a new type of headache that met the above criteria.</p> <p><b>Group 2 : <u>No HIV-1 associated headache</u></b> Patients were classified as not having an HIV-1 associated headache if:</p> <ul style="list-style-type: none"> <li>• they reported no headaches</li> <li>• reported headaches that antedated the time of HIV-1 seropositivity and were unchanged since onset</li> <li>• reported headaches that had another clear-cut cause.</li> </ul>	<p><b>CNS opportunistic infection (at baseline evaluation)</b></p> <p><b>New HIV-1 associated neurologic disease (at 1 year evaluation)</b></p>	<p><b>HIV+ with headache:</b> 2/98(2%) <b>HIV+ without headache:</b> 4/131(3%)</p> <p><b>New HIV-1 associated headache:</b> 7/34 (20.5%) <b>HIV+ without headache:</b> 8/109 (7.33%)</p>	<p><b>Funding:</b> National Institutes of Mental Health; Department of Veteran affairs; Neurologic AIDS research consortium and AIDS regional Education and Training Centre</p> <p><b>Limitations:</b> 39% of all HIV+ subjects had primary HIV-1 associated neurologic disease (cognitive dysfunction, myelopathy, peripheral neuropathy); headache not in isolation of other symptoms. No confounding factors identified <i>a priori</i>.</p> <p><b>Additional outcomes:</b> Association of headaches with systemic disease progression.</p> <p><b>Notes:</b> Study also reported outcomes for another group of 53 seronegative controls.</p>

Abbreviations: NR=not reported, NA=not applicable, M/F=male/female, N=total number of patients randomised, SD=Standard deviation, SE=Standard error, CI=Confidence interval, HIV=Human immunodeficiency virus, AZT= Zidovudine, CNS=Central nervous system