Study details	Patients	Interventions	Outcome measures	Effect size	Comments
Author & Year: Howard et al, 2005[385] **Study design:** RCT **Setting:** Headache clinic in secondary care, London **Duration of follow-up:** 1 year	**Patient group:** Patients with chronic daily headache **Inclusion criteria**: Consecutive English-speaking patients who fulfilled the criteria for chronic daily headache (CDH); at least 15 days per month of headache for >6 months, including tension-type headache, migraine and secondary headache due to excessive medication consumption, presenting as new patients to the headache clinic at King's College Hospital in London. **Exclusion criteria:** Clinical justification for neuroimaging (with the exception of solely providing reassurance). Medical contraindication to an MRI scan. **All patients** **N:** 150 **Age (mean):** 38.1 (S.D. 12.4) years **Drop outs:** 8, but unclear **HADS positive:** 66/150 (44%) **Group 1 (offered scan)**	**Group 1** Received an offer of a screening MRI scan using a sagittal localiser image followed by a double echo axial series. **Group 2** No scan / treatment as usual **All patients** Asked to take part in interviews and follow up questionnaires with data from primary care case notes. Given a letter providing information on CDH. Completed a semi-structured interview for their medical and psychiatric history. Completed the following scales: HADS (hospital anxiety and depression scale) Visual analogue scales (VAS) of level of worry about health (0-100) and level of	**Resource use - GP** Number of patients using services during year following randomisation	**Group1:** 67/68 (99%) **Group 2:** 66/69 (96%) **Relative risk:** 0.99 * **95% CI:** 0.88-1.11 * **p value:** 0.619 (0.84*)	**Funding:** The Wellcome Trust **Limitations:** Randomisation unclear. Patients swapped groups. Allocation concealment unclear. Single-blind (assessor only). Response rate was lower than expected which meant there was a lack of statistical power for some of the outcome measures. 1/3 of HADS positive patients not offered a scan had scans elsewhere in the following year. Incomplete reporting of data. **Additional outcomes:** Likert five point scales for anxiety about serious underlying illness. Revised illness perception questionnaire (IPQ-R). Medical outcome study
			Resource use - neurologist Number of patients using services during year following randomisation	**Group1**: 1/68 (1.5%) **Group 2:** 17/69 (25%) **Relative risk:** 0.06 * **95% CI:** 0.01-0.42 * **p value:** <0.001 (0.005*)	
			Resource use - psychiatrist/therapist Number of patients using services during year following randomisation	**Group1:** 1/68 (1.5%) **Group 2:** 8/69 (12%) **Relative risk:**0.12 * **95% CI:**0.02-0.95 * **p value:** 0.033 (0.04*)	
			Resource use – outpatient Number of patients using services during year following randomisation	**Group1:** 30/68 (44%) **Group 2:** 32/69 (46%) **Relative risk:**0.91* **95% CI:** 0.62-1.34 * **p value:** 0.864 (0.64*)	
			Resource use – other imaging Number of patients using services during year following randomisation	**Group1:** 13/68 (19%) **Group 2:** 21/69 (30%) **Relative risk:**0.60* **95% CI:**0.33-1.11* **p value:** 0.166 (0.11*)	
			Resource use – tests Number of patients using services during year	**Group1:** 21/68 (31%) **Group 2:** 29/69 (42%) **Relative risk:**0.71*	

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	N: 76 **Age (mean):**37 (11.4%) **Drop outs:** not clear, 5 did not have scan **Group 2 (not offered scan)** **N:** 74 **Age (mean):** 40 (13.2) **Drop outs:** unclear, 3 demanded a scan.	illness belief (0-100) Likert five point scales of anxiety about serious underlying illness. Health anxiety questionnaire (HAQ) of 21 questions with 4 subscales. Service use over a retrospective 1 year period prior to consultation (Client Service Receipt Inventory). Revised illness perception questionnaire (IPQ-R). Medical outcome study short form 36 (SF-36). Headache diary 6 weeks before the consultation and headache index calculated. All patients received usual clinical care: explanation of symptoms, verbal reassurance of no serious pathology and CDH advice.	following randomisation	**95% CI:**0.44-1.12* **p value:** 0.215 (0.14*)	short form 36 (SF-36), data not reported. **Notes:** CDH defined as: at least 15 days per month of headache for more than 6 months (which can include tension type headache, migraine, and secondary headache due to extensive medication consumption). Headache index= no. of hours with headache x intensity / no. of days recorded. * Based on ITT analysis in paper – other data reported here is available case analysis. †calculated by NCGC
			Resource use – inpatient care Number of patients using services during year following randomisation	**Group1:** 5/68 (7%) **Group 2:** 10/69 (14%) **Relative risk:** 0.49* **95% CI:**0.17-1.36* **p value:** 0.274 (0.17*)	
			Resource use – other services Number of patients using services during year following randomisation	**Group1**: 6/68 (9%) **Group 2:** 6/69 (9%) **Relative risk:** 0.97* **95% CI:**0.33-2.88* **p value:** 1 (0.96*)	
			Resource use – sick notes Number of patients using services during year following randomisation	**Group1:** 6/68 (9%) **Group 2:** 7/69 (10%) **Relative risk:** 0.83* **95% CI:** 0.29-2.37* **p value:** 1 (0.73*)	
			Change in anxiety and depression VAS worry (at 1 year, scan-no scan) (n Gp1: 54, Gp2: 42)	**Adjusted difference:** -4.47 **95% CI:**-15.27 to 6.33 **SE:** 5.51 †	
			Change in anxiety and depression HAQ health, worry and preoccupation (at 1 year, scan-no scan) (n Gp1: 48, Gp2: 34)	**Adjusted difference:** 0.22 **95% CI:**-1.26 to 1.70 **SE:** 0.76 †	
			Change in anxiety and depression	**Adjusted difference:** 0.31 **95% CI:**-0.84 to 1.45	

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			HAQ fear of illness (at 1 year, scan-no scan) (n Gp1: 50, Gp2: 33)	**SE:** 0.58 †	
			Change in anxiety and depression HAQ reassurance seeking behaviour (at 1 year, scan-no scan) (n Gp1: 50, Gp2: 35)	**Adjusted difference:** -0.39 **95% CI:**-0.93 to 0.16 **SE:** 0.28 †	
			Change in anxiety and depression HAQ life interference (at 1 year, scan-no scan) (n Gp1: 51, Gp2: 33)	**Adjusted difference:** -0.20 **95% CI:** -1.12 to 0.72 **SE:** 0.47 †	
			Incidental neurological findings (%)	97% normal 2 abnormal (a posterior fossa arachnoid cyst and a hypothalamic signal flair, neither clinically significant).	

Abbreviations: NR=not reported, NA=not applicable, M/F=male/female, N=total number of patients randomised, SD=Standard deviation, SE=Standard error, ITT=Intention to treat analysis, CDH=chronic daily headache, HADS=hospital anxiety and depression scale, VAS=Visual analogue scale