

Health Surveillance

The main preventive tool for the patient who works and lives with Headaches or Migraine.

European Preventive Legislation

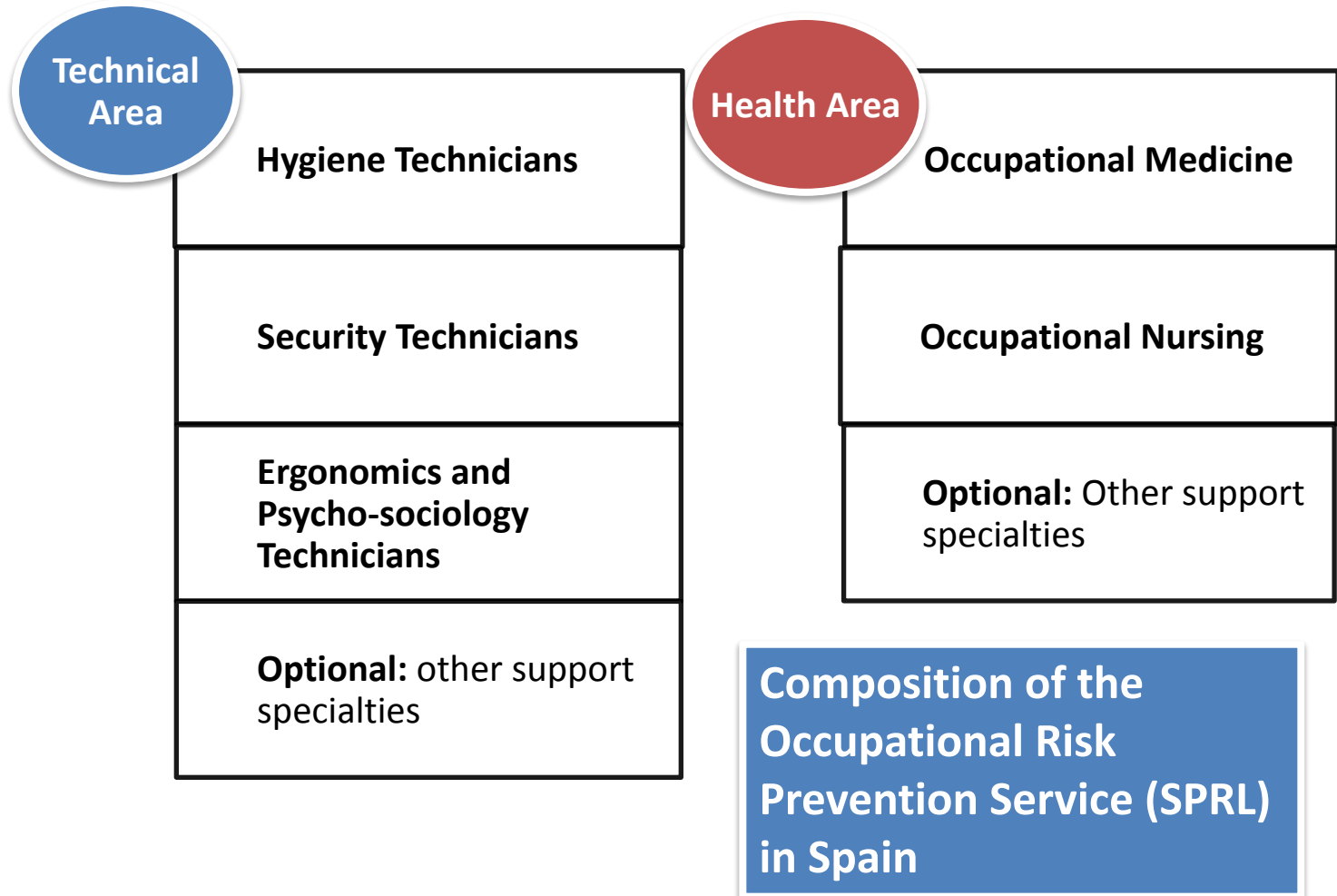
- The Framework Directive on Health and Safety at Work (Directive 89/391 EEC), adopted in 1989, was a major milestone for improvement in this area.
- The Directive guarantees minimum health and safety requirements throughout Europe and, at the same time, allows Member States to maintain these minimums or to establish more restrictive measures.
- In Spain, this Directive has been transposed into national legislation. The care of workers' health is regulated through Spain's Occupational Risk Prevention Law and the Regulation of Prevention Services, which serve as the fundamental pillars of this regulatory framework.

Basic Preventive Concepts

OCCUPATIONAL HEALTH



- **According to the WHO definition**, it is “a multidisciplinary activity that promotes and protects the health of workers. This discipline seeks to control accidents and diseases by reducing risk conditions”.
- Occupational health is understood as the **reduction and/or elimination of risk factors within the workplace**. And more specifically in the workplace and in the tasks performed by the worker in particular. For which the working conditions and the organization of the same are taken into account.
- To achieve these objectives **it is necessary to have a multidisciplinary team integrated in the OCCUPATIONAL RISKS PREVENTION SERVICE**, which will be involved in the different areas involved in the protection and promotion of health.

Basic Preventive Concepts



The Occupational Physician in Spain: Training and Competencies

- **Basic Health Unit:** Formed by specialists in Occupational Medicine and Occupational Nursing.
- **Occupational Physician-SPECIALIST:** Degree in Medicine + MIR Specialty (4 years) and usually with Higher Technical Training in Occupational Risk Prevention.
- **MIR Specialty in Occupational Medicine and competences:**



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Menú ☰

Está Vd. en > [Inicio](#) > [Buscar](#) > Documento BOE-A-2005-8833

Orden SCO/1526/2005, de 5 de mayo, por la que se aprueba y publica el programa formativo de la especialidad de Medicina del Trabajo.

Publicado en: «BOE» núm. 127, de 28 de mayo de 2005, páginas 18091 a 18100 (10 págs.)

Sección: III. Otras disposiciones

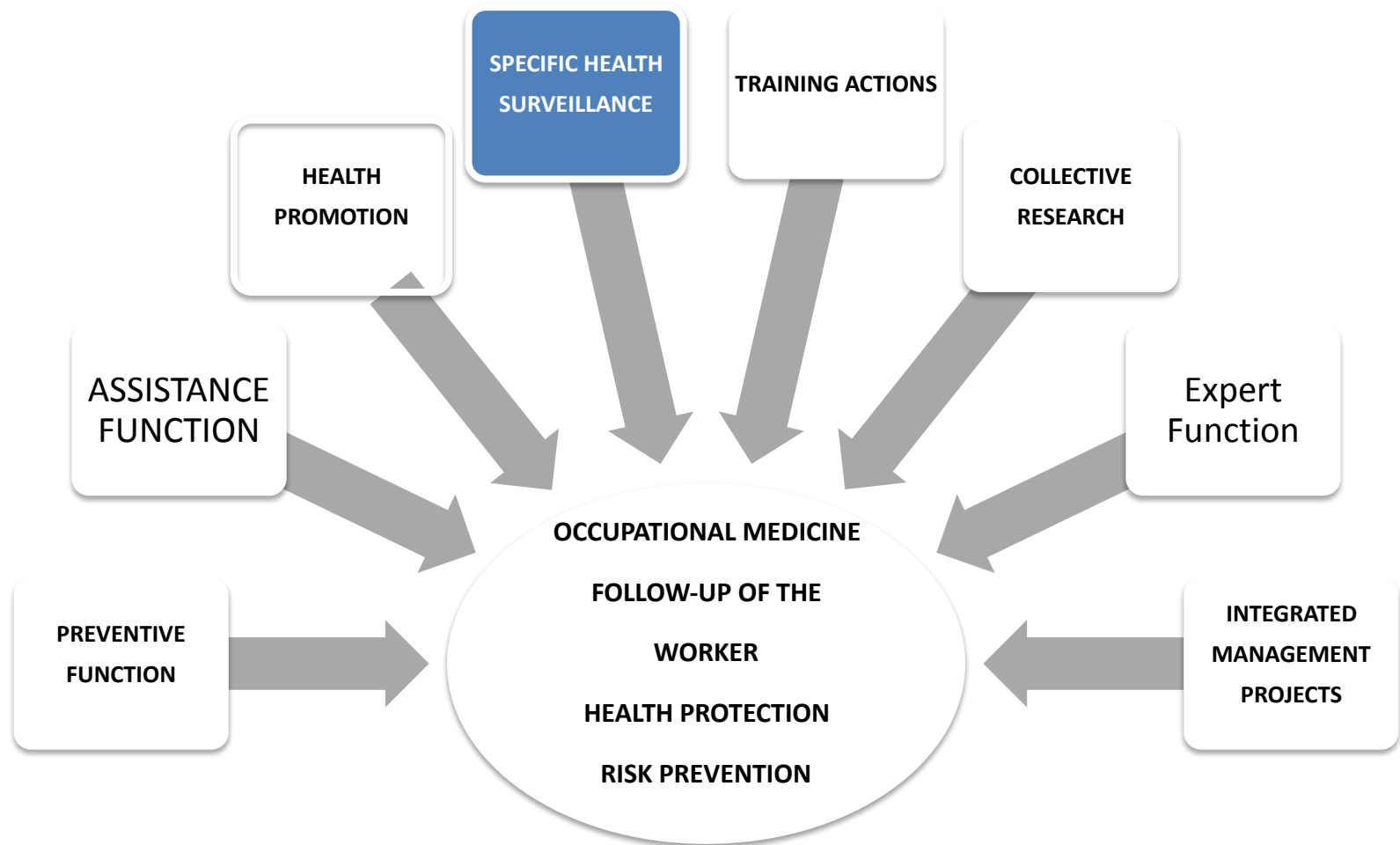
Departamento: Ministerio de Sanidad y Consumo

Referencia: BOE-A-2005-8833

Permalink ELI: <https://www.boe.es/eli/es/o/2005/05/05/sco1526>

Basic Preventive Concepts:

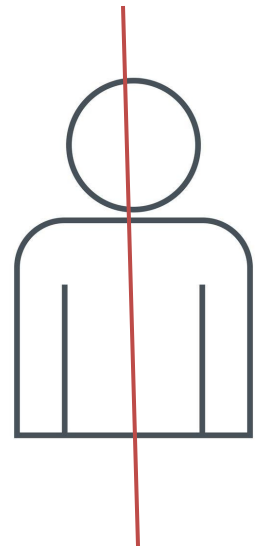
The functions and competencies in Occupational Medicine in Spain.



Health/Disease

- **We need to have a global vision of the health of the people who work, in which intervene:**
 1. Exposures to occupational hazards.
 2. Personal conditions.
 3. Socio-economic and environmental conditions (occupational health+environmental health).

MULTICAUSALITY



To act on preventing damage caused by exposure to occupational hazards through Health Surveillance, the voluntary participation of the worker is needed.

**YOU CANNOT PREVENT OR IMPROVE WHAT IS
NOT KNOWN.**

Health Activities in Occupational Risk Prevention

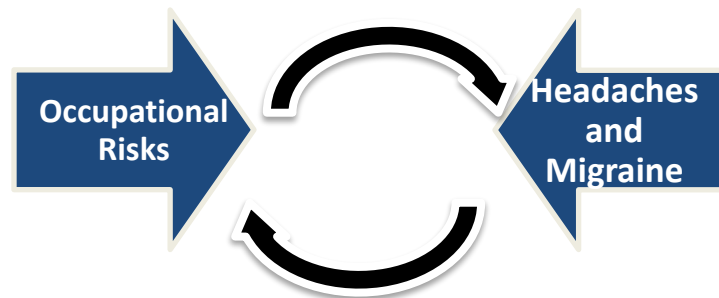
- **HEALTH SURVEILLANCE** is the control of the state of health of workers, carried out by the Prevention Services, **according to the risks inherent to their work**. It is what is known as “occupational medical examination”.
- It is carried out by means of “**HEALTH EXAMINATIONS**” with the support of: questionnaires, health consultations, application of functional and analytical instrumental tests (conventional and biological control) and with the knowledge of absenteeism due to pathologies.
- They conclude with an **OCCUPATIONAL APTITUDE report**: Able, Able with limitations, Temporary Unfit, Definitive Unfit.

Health Surveillance

- **These tools are used to evaluate the following aspects:**
 - **THE SUITABILITY** between the worker's personal health and the demands of the current or future job position.
 - **THE COMPATIBILITY** of the personal health of the people working with the demands of the activities, routines and work environment, studying the tolerance to the different types of risk to which they may be subjected: physical effort, psychosocial tension, physical, chemical or biological pollutants...
 - **EARLY DIAGNOSIS**, resistances and susceptibilities in healthy workers, pathologies in apparently healthy workers and in workers with symptoms of disease.

Health Surveillance

- It is of interest to approach **headaches in general and Migraine in particular** from these two perspectives:



- Depending on the tasks to be performed, the type of headache, the symptoms and signs, the triggering factors, the frequency, intensity and duration of the attacks and the possible side effects of the treatments, assess whether the patient with headache has to be classified as a **particularly sensitive worker** and whether it is necessary to adopt some kind of preventive measure in this regard.

Surveillance and Health Care

- In all cases, the **medical history** of the person with chronic headache or Migraine will be taken into consideration in order to assess their special sensitivity to exposure to substances present in the workplace that could trigger their attack or aggravate their situation.
- The **medications** prescribed for the treatment of their pathology, both symptomatic and preventive, which could influence the work aptitude of the patient with migraine or headaches and interfere in the safe performance of their work, will also be taken into account.

Health Surveillance

- **In Spain, specific health surveillance for workers** is carried out by means of **protocols** developed for this purpose by the Ministry of Health, from which each company incorporates and adapts the relevant protocols based on the risks associated with their particular activity.



Protocolos de vigilancia específica de los trabajadores

Enlace a protocolos de vigilancia sanitaria del [MSCBS](#) relacionados con agentes químicos (formato PDF) :

Health Surveillance

- HEALTH EXAMINATIONS shall include, in any case, “an **occupational clinical history**:
 - *In which, in addition to the anamnesis data, clinical examination and biological control and complementary studies according to the risks inherent to the work.*
 - *A detailed description of the job, the time spent at the job, the risks detected in the analysis of the working conditions, and the preventive measures adopted”.*
- It must also include, if available, a description of the **previous jobs**, the risks involved, and the time spent in each of them.

APTITUDE / NON-APTITUDE

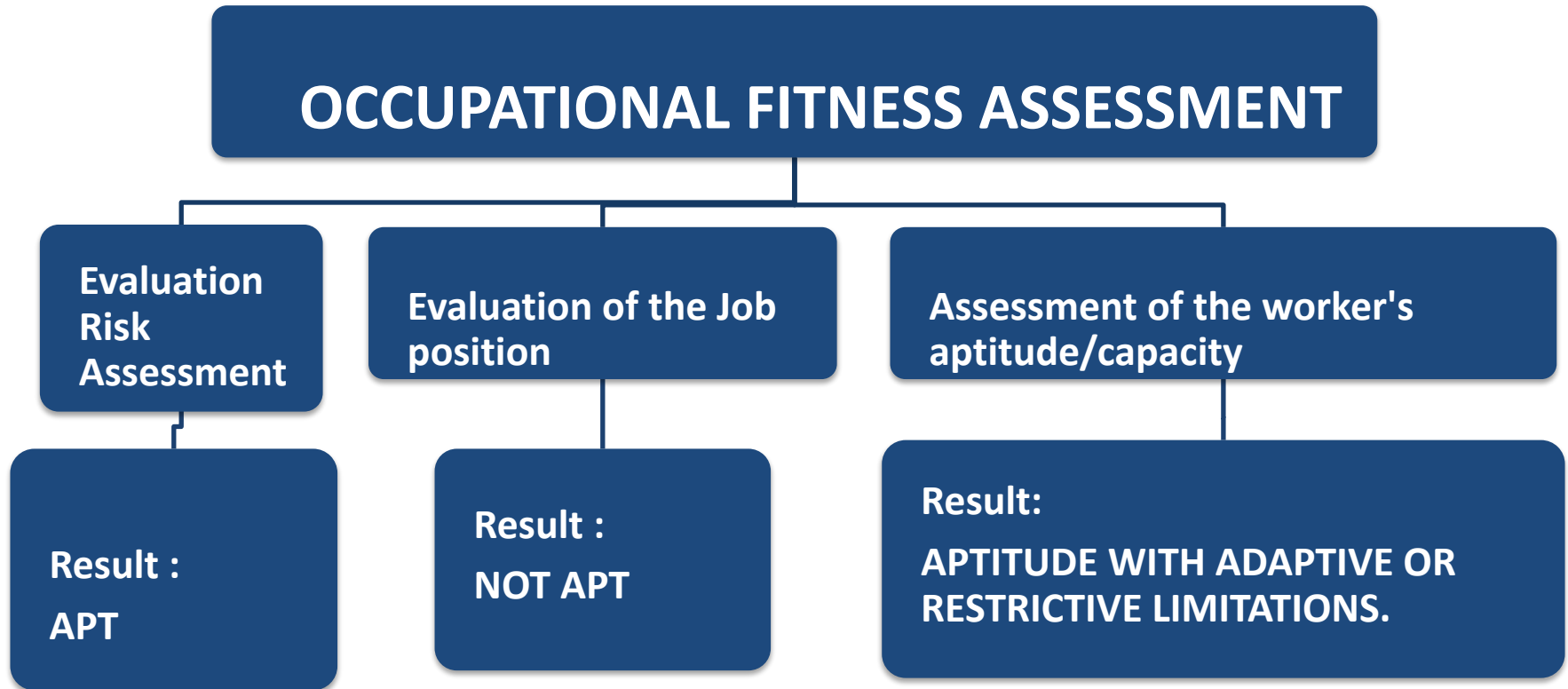
COMPATIBILITY/NON-COMPATIBILITY

Health
Conditions



Job position:
Risks

Assessment of occupational aptitude in headache and migraine headaches.



ASSESSMENT OF APTITUDE FOR WORK

Taking into consideration not only the headache/migraine, but also the **complications** related to the pathology.

THE APTITUDE ASSESSMENT MAKES IT POSSIBLE TO:

1. Determine the **psychophysical capacity** of the worker living with migraine to perform his work without risk.
2. Identify **workers who are particularly sensitive** to any of the risks of their job that may worsen their pathology.
3. To indicate the **existence of possible additional risks** to their own health or that of others, derived from the psychophysical characteristics of the worker.

FUNDAMENTAL OBJECTIVES

1. **Adapt the work to the person.**
2. **Reduce the risk of accidents.**
3. **Reduce the development of complications.**

ASSESSMENT OF APTITUDE FOR WORK

- In most of the people who suffer from headaches and migraine, the symptoms are controllable with treatment **in a high percentage**, but they **MAY PRESENT MEDICAL AND SOCIAL PROBLEMS** in relation to the presence of **recurrent attacks, underlying neurological limitations, the side effects of medication or social stigmatization**, requiring individualized control and follow-up.
- From the labor point of view, **THE PREVENTIVE ASPECT IS OF INTEREST** in order to make the **integration of the person with limitations due to the disease compatible**, especially in chronic forms, with **safety in the performance of the job**, without involving risks for the affected person or for third parties involved.
- **In the EVALUATION OF POSSIBLE LIMITATIONS for work, the following should be taken into account:** the disease itself and the way in which it presents itself, the treatment prescribed and the control obtained, the undesired effects of these treatments, the way of facing the situation and the attitude of the person to the pathology and the type of work performed.

ASSESSMENT OF APTITUDE FOR WORK

- The main **occupational risk factors** that may be related to neurological diseases and specifically to **headaches** include:
 - **Physical factors:** intense noise, intense or flickering lights, vibrations, changes in atmospheric pressure, violent physical efforts.
 - **Chemical factors:** various substances have a proven neurotoxic effect (arsenic, manganese, pesticides, lead...) and can cause headache as an associated symptom, or aggravate pre-existing headache, as well as encephalopathies, cerebellar syndrome, parkinsonian syndrome or peripheral neuropathies.
 - **Biological factors:** viruses, bacteria or parasites can cause neurological infections or aggravate pre-existing pathologies in predisposed individuals.
 - **Psychosocial risk factors, especially in combination with physical risks:** high work demands, stress, shift/night work.
- In workers with **headaches, personal aspects such as:** genetic predisposition, hormonal alterations, prolonged fasting, consumption of foods rich in thiamine or spicy foods, etc., must be taken into account.

ASSESSMENT OF APTITUDE FOR WORK

- **HEADACHES AND FACIAL PAIN CAN AFFECT WORKERS' ABILITY TO WORK:**

- **Migraine:** a multitude of factors are capable of triggering or precipitating a migraine attack in patients predisposed to suffer it: flashing lights, high noise, prolonged fasting, intense physical exertion, changes in atmospheric pressure.... They may present limitations due to aura, sequelae or side effects of treatments.
- **Cluster, histamine or Horton's headache:** factors such as flashing lights, stays at high altitudes, heavy physical exertion or use of vasodilator drugs may trigger or aggravate the pain.
- **Tension headache:** the duration of the pain, which can range from 30 minutes to hours or become constant, has the greatest impact on the worker's aptitude. During the headache phases, a decrease in the ability to concentrate and respond to stimuli has been demonstrated.

- **Various REVERSIBLE NEUROLOGICAL SYMPTOMS are typical:** alterations in vision or hearing, altered consciousness, loss of reflexes, changes in movement or sensitivity, convulsions, changes in mental alertness, nausea or vomiting and, after the attacks, increased drowsiness.

ASSESSMENT OF APTITUDE FOR WORK

- **In secondary headaches**, after the acute phase, even in the absence of important **sequelae**, it is recommended to establish a period of observation.
- **In headaches due to substance exposure or deprivation**, headache serves as a **warning symptom**, but special attention should be paid to the appearance of coordination disturbances, loss or distortion of visual capacity, vertigo or other accompanying neurological symptoms.
- We should also evaluate the possibility that the migraine patient may **present permanent disorders**: hypersensitivity to visual stimulation, alteration of the logical memory or disorders of the olfactory function (hyposmia, anosmia).
- **Frequent association with various pathologies** (associated co-morbidities): restless legs syndrome, symptoms of depression, anxiety, stress or insomnia, dizziness, increased risk of blood clots in the veins of the legs, deep vein thrombosis, stroke, post-traumatic stress disorder, etc.

CHRONIC MIGRAINE

Potentially conditioning occupational risks in the evolution or aggravation of CHRONIC MIGRAINE to be assessed in occupational medicine/Occupational health.

RISK	FACTORS INVOLVED	PREVENTIVE ASPECTS
Physical load	Maintained postures of cervical flexion, Manual handling of loads Repetitive hand-arm movements, with arms raised (especially above 90°).	Correct handling of loads, Proper posture, Planned breaks, Muscle toning and relaxation exercises.
Jobs with Visual Display Units (VDUs)	Inadequate postures maintained, especially cervical. Visual fatigue, flashes, glare. High mental workload	Adequate postures, Sufficient and well-placed lighting, Task organization, Correct ergonomics of the workplace.
Chemical substances	Gases, vapors, mists, with irritant action and adverse effects of headache (see risk sheets).	Isolate Source, Localized Extraction, Personal Protective Equipment (PPE), Health Surveillance (HS), Task Rotation
Environmental conditions (extreme temperatures)	Sudden changes or extreme situations of temperature, humidity.	Isolate Source, Personal Protective Equipment (PPE), Health Surveillance (HS), Task Rotation
Noise	Levels above 90 dB or in cases of special sensitivity below these limits (to be assessed individually).	Isolate Source, Personal Protective Equipment (PPE), Health Surveillance (HS), Task Rotation
Vibration	Low frequency, between 2-20hz. Special consideration to work with whole body vibrations.	Vibration-Damping Platform or Cushion, Health Surveillance (HS), Task Rotation
Shift and night work	Alteration of circadian rhythms and wake-sleep cycle.	Health Surveillance (HS), Task Rotation or Fixed Shift
Working at high altitudes	Less oxygen supply, pressure changes.	Gradual Ascent, Adequate Oxygenation
Work in hyperbaric atmospheres (diving, pressure chambers...)	Reduced oxygen supply, pressure changes.	Gradual Descent, Limit Maximum Pressure
Regular driving of vehicles or operation of dangerous machinery.	Prolonged maintenance of high levels of attention. Maintained postures. Insufficient breaks.	Frequent breaks, including gentle exercise. No driving with severe pain or aura
Precision work	Prolonged maintenance of high levels of attention, high intellectual requirements Maintained postures High visual requirements	Frequent breaks, Adequate illumination, Muscle relaxation exercises.
Lead	Peripheral and central neurotoxic action.	Health Surveillance (HS) that includes specific tests, Personal Protective Equipment (PPE), Replacement with Other Substances
Vinyl chloride monomer	CNS toxicity.	Adequate Ventilation, Personal Protective Equipment (PPE).
Work travel: air travel, long distances, jet lag, etc.	Alteration of circadian rhythms and wake-sleep cycle.	Plan Travels, Use Comfortable Means of Transport
Organizational and psychosocial aspects	High work rhythm. Lack of control over work and self-management of the task.	Time management, Organizational policy.

Ref: Vicente Herrero MT et al. Chronic migraine and work. Occupational risks and preventive aspects. Semergen. 2013;39(6):316---32. Available at:

<http://dx.doi.org/10.1016/i.semerg.2012.10.006>

CHRONIC MIGRAINE

OCCUPATIONAL LIMITATIONS RELATED TO THE MOST FREQUENT SYMPTOMS OF CHRONIC MIGRAINE	
Symptoms	Occupational risks/limitations
Visual disturbances and photophobia	Precision jobs, important attention, driving vehicles or operating dangerous machinery.
Sensory alterations, pain, decreased reflexes.	Operation of machinery, driving vehicles, precision work or tasks requiring concentration and continuous attention.
Motor alterations	Tasks requiring precision, concentration, driving vehicles, operating machinery.
Mild/moderate pain	Tasks requiring extreme concentration and attention.
Severe/very severe pain	Limitation of any work activity during the crisis.
Cognitive function impairment: drowsiness, attention deficit, impaired ability to concentrate and decreased psychomotor ability.	Tasks requiring concentration and attention. Driving vehicles, transport of passengers or dangerous substances, precision work.
Continuous pain, cervical stiffness, vertigo, tinnitus.	Mental activities with high mental load, work at heights, driving vehicles, handling dangerous machinery.

SPECIAL SENSITIVITY TO HEADACHE AND MIGRAINE

LPRL - Spain. Article 25

Workers who, due to their own personal characteristics or known biological condition, including those with a recognized physical, mental or sensory disability, **are especially sensitive to risks derived from work.**



•Should a worker with Headache/Migraine be considered an **EPECIALLY SENSITIVE WORKER?**

•WHEN should it be assessed if there is **SPECIAL SENSITIVITY FOR** headaches or migraine?

HOW to assess SPECIAL SENSITIVITY?

SPECIAL SENSITIVITY TO HEADACHE AND MIGRAINE

- This article of the Spanish legislation requires the employer, in the case of workers considered particularly sensitive, to adopt the necessary preventive measures after evaluating the risks of their job.

Special sensitivity of the headache patient in the work environment

- ❑ **THE CONCEPT OF SPECIAL SENSITIVITY FROM A PREVENTIVE POINT OF VIEW** and within the Law on Occupational Risk Prevention (LPRL) is defined as *the probability of a hazard materializing*.
- ❑ It can be expressed as a quotient between the working conditions and the biological capacity to face these conditions.
- ❑ In addition to the **risks of the workplace, the worker's individual situation and biological capacity** must be taken into account, since certain characteristics or changes in health (such as headaches or migraine) can increase the likelihood of harm occurring.
- ❑ **Article 25 of the LPRL specifies that:** *The employer shall specifically guarantee the protection of workers who are especially sensitive to risks arising from work.*

Special sensitivity of the headache patient in the work environment

- **Special sensitivity** must be interpreted as **GREATER VULNERABILITY TO THE RISKS OF THE JOB**. This includes any personal circumstance that implies the existence of danger to the health of a worker in the same conditions in which his colleagues are sufficiently protected, thus requiring the adoption of additional preventive, protective or emergency measures.
- The cause of special sensitivity can be: previous or supervening and permanent or transitory.
- They will be included, therefore, in the group of workers who may be especially sensitive to risks present in their workplace:
 - **Workers especially vulnerable to the action of physical, chemical, biological or psychosocial agents, due to any circumstance or individual pathology.**
 - Workers who have a recognized physical, mental or sensory disability.
 - Pregnant women or women who have recently given birth or are breastfeeding.
 - Minors under 18 years of age.

Special sensitivity of the headache patient in the work environment

- This article 25 of the Spanish preventive legislation implies for the employer in the case of **workers especially vulnerable to the action of physical, chemical, biological or psychosocial agents, due to any circumstance or individual pathology (in this case headaches and migraine)**, the adoption of the necessary preventive measures after evaluating the risks of their job.

OCCUPATIONAL FITNESS ASSESSMENT - SPECIAL SENSITIVITY

Residual capabilities of the worker.

- ✓ Are they compatible with the performance of the fundamental tasks of the position, especially in relation to the existence of risk factors that can trigger crises or aggravate them?

Limitations of the worker.

- ✓ Are there any limitations to perform any task, either because of the headache/migraine or because of the prescribed treatments?

Exposure to existing risks in the workplace.

- ✓ Can it imply worsening of the pathology, or does it increase the risk of recurrence?

Control of risk factors.

- ✓ Is it possible to act to improve any of them?

Frequency of Health Surveillance Examinations.

- ✓ It will be marked by the characteristics of the position and the evolution of the patient. **KEY ASPECT: COORDINATION BETWEEN THE DIFFERENT SPECIALTIES INVOLVED: PRIMARY CARE, NEUROLOGY, ETC. AND OCCUPATIONAL HEALTH.**

Procedure for action in cases of particular sensitivity

IDENTIFICATION of sensitive workers

COMMUNICATION to the company

ACKNOWLEDGMENT of the situation

RE-EVALUATION of the position

working aptitude ASSESSMENT

Establish the necessary PREVENTIVE MEASURES

employee TRAINING AND INFORMATION

PERIODIC HEALTH MONITORING - health surveillance

COMPARISON BY COUNTRIES OF VULNERABLE GROUPS/SENSITIVE WORKERS									
COUNTRY		COLLECTIVES INCLUDED							
SPAIN		Pregnancy and Breastfeeding	Minors	Temporary Workers	Disabled/reduced capacity				
FRANCE	Women	Pregnancy and Breastfeeding	Minors	Temporary Workers	Disabled	Foreigners/immigrants			
PORTUGAL		Pregnancy, postpartum and breastfeeding	Minors	Temporary Employment Agency Workers	With reduced capacity	Workers with chronic ailments		Teleworkers	
GERMANY	Women	Pregnancy and Breastfeeding	Minors		Disabled				
ROMANIA		Pregnancy, postpartum and breastfeeding	Children and Youth		Disabled				Night/shift workers
UK	Women	Pregnancy and Breastfeeding	Minors		Disabled		Elderly workers		
DENMARK		Pregnancy	Youth	Temporary Employment Agency Workers					
ITALY		Maternity	Minors		Disabled				
THE NETHERLANDS		Pregnancy	Minors	Temporary Workers					
USA		Pregnancy and Breastfeeding	Minors	Temporary Workers					

PREVENTIVE RECOMMENDATIONS FOR HEADACHES AND MIGRAINE

	OCCUPATIONAL FACTORS	INDIVIDUAL FACTORS	PREVENTIVE INDICATIONS
HEADACHES	<ul style="list-style-type: none"> • MIGRAINE: stress, fasting, changes in sleep rhythm, exposure to certain sensitive stimuli (bright lights, odors). • CLUSTER: flashing lights, heavy physical exertion, work at geographical altitude. • TENSIONAL HEADACHE: stress, shift work. 	<ul style="list-style-type: none"> • Type of seizure. With/without aura • Intensity • Frequency • Duration • Response to treatment 	<p>Work not recommended if there is neurological deficit: work at heights, professional diving, professional driving, pilots, air traffic controller, handling of dangerous machinery, handling of hazardous materials, precision work.</p> <p>In occipital headaches, limit work with forced postures of cervical hyperextension, repetitive movements of upper limbs and / or manual handling of loads above the head.</p> <p>Avoid prolonged exposure to noise and low frequency vibrations.</p> <p>Limit exposure to neurotoxic or irritating substances.</p>

Work Incapacity in Spain

- In Spain, all the concepts associated with incapacity for work are strictly framed in the **General Law on Social Security (LGSS)**, which regulates the requirements for accessing economic benefits for each type of incapacity.
- **Temporary incapacity**
 - This is a situation that prevents the temporary performance of work, due to illness (common or professional) or accident (occupational or not), while people receive health care from the Social Security. Its maximum duration is 365 days, extendable for a further 180 days if recovery is anticipated and, presumably, it entails the possibility of cure or improvement and, therefore, full recovery of the functional capacity to work within the maximum period of 545 days. The specifications of the TI in its regulation, management and benefits are specified in the LGSS, article 169.
- **Permanent Contributory Disability**
 - It is one that disables for the performance of all or the fundamental tasks of the usual profession, due to serious and foreseeably definitive anatomical or functional reductions. It includes the worsening of pre-existing injuries or the addition of new injuries that reduce working capacity. It generally derives from a long duration Temporary Incapacity. The qualification is made in degrees according to the irrecoverable reduction of working capacity. The different types of IP (partial, total, absolute or severe disability), their degrees and types of benefits to which they give rise, are specified in the LGSS, Article 193 of Chapter XI.

Temporary Incapacity in Spain

TEMPORARY INCAPACITY

Maximum period 365 calendar days

Possible extension of 180 calendar days

Maximum period 545 days.

Competence to determine discharge or relapse:

- **Medical inspectors of the National Social Security Institute (INSS).**
- **Inspection of Health Services of Social Security**
- **Equivalent body of the public health service**

Royal Decree 8/2015, of October 30, 2015, approving the revised text of the General Social Security Law (BOE No. 261, of October 31, 2015. Reference: BOE-A-2015-11724).

Temporary Incapacity. Manual for management in primary care. Lex Artis Group. Madrid Society of Family and Community Medicine (SoMaMFyC). Fernando León Vázquez, Coordinator. 2008

HEADACHE AND MIGRAINE DISABILITY CRITERIA

- As with all pathologies, the functional assessment of patients with headaches and migraine must be done on an **individual basis**, since not all patients are affected in the same way. We must take into account the response to treatment and, of course, assess the requirements of the job, because depending on these the patient will be limited to a greater or lesser extent.
- The following will be assessed fundamentally:
 1. the intensity of the pain.
 2. the frequency of occurrence of the attacks.
 3. the more or less effective control of the attacks with symptomatic or preventive medication.
 4. the accompanying neurological symptoms.
 5. the adverse effects of the drugs administered.
 6. associated comorbidities.
 7. the requirements of the affected person's job.

HEADACHE AND MIGRAINE DISABILITY CRITERIA

- There are **prognostic variables** that are common to all processes while others are specific to each of the neurological disorders. Some of these variables, applicable to almost all neurological diseases, including headaches and Migraine are:

1. **Age of the patient:** this is an unfavorable prognostic factor.
2. **Delay in diagnosis and application of treatment:** may determine the prognosis.
3. **The greater the degree of neurological involvement, the worse the prognosis.**
4. **The involvement of multiple neurological functions is an unfavorable variable.**
5. **The absence of improvement after stabilization of the clinical picture is not a favorable data.**
6. **The objectification of significant damage in complementary studies implies a lower probability of recovering a good functional capacity.**
7. **Recurrences of the disease have an unfavorable prognosis.**
8. **The presence of concomitant diseases** (history of chronic alcoholism or drug abuse, diabetes and other vascular risk factors, etc.) can limit the capacity for functional recovery.
9. **Depressed mood** does not facilitate the patient's recovery.

HEADACHE AND MIGRAINE DISABILITY CRITERIA

- Headache rarely conditions the permanence in Temporary Incapacity (TI) for prolonged periods, since most of the episodes are self-limited and its symptomatology is controlled with specific treatment.
- Most episodes of headache will be **resolved within the first three days, or with temporary incapacity processes of short duration (average 7 days).**
- **Some pain symptoms show important functional repercussions** and may require assessment of work capacity (for example: Trigeminal neuralgia that does not respond to treatment, chronic headaches, transformed migraines, etc.).

HEADACHE AND MIGRAINE DISABILITY CRITERIA

- **Headaches rarely give rise to situations of PERMANENT DISABILITY**, most frequently giving rise to more or less short periods of absence from work, although they may be repetitive, which will be more or less prolonged depending on the response to treatment and the accompanying symptoms.
- **In the case of SECONDARY HEADACHES ORIGINATED BY OTHER PATHOLOGIES**, the primary process should be evaluated, which sometimes could be the cause of Permanent Disability, such as a tumor, or an extensive stroke or a major cranioencephalic trauma without complete neurological recovery.
- **The CLINICAL HISTORY** is decisive in the assessment of headaches.

CONCLUSIONS

1. Migraine is a chronic and multifactorial disease.
2. In occupational health, prevention, early detection, early referral, control and follow-up coordinated with public health can (and should) be carried out.
3. It is necessary to know the type of headache, its causal and triggering factors and its response to therapies and their adverse effects.
4. Individual health surveillance (health examinations) and collective health surveillance (epidemiological studies) is the main preventive tool available to companies or organizations to take care of the health of their employees.

CONCLUSIONS

5. The approach from the Occupational Health Units of the Prevention Services is basic to facilitate a higher quality, healthier, longer and healthier life.
6. Health Promotion at work requires a work in which the whole company or organization is involved.
7. It is necessary to integrate all the workers adhered to the project and evaluate their evolution in the surveillance and health promotion consultations (Occupational Medicine and Nursing), which will give more consistency to the project.
8. Avoiding stigmatization of people living with migraine or chronic headache is a key factor for their personal involvement in the process of social and labor integration.