**Imagine three different experts answering the question. All experts will write down their prognosis, and then share it with the group. Then each will present a plan of action for the patient. The patient is a 63-year-old male, Caucasian. The patient is in fair physical shape, height 58 inches, weight 240 lbs. Patient does not smoke, drink, or take drugs. Patient is being treated for high blood pressure, high cholesterol. Patient complains of having a severe headache in the back part of his head, that occurs randomly. What is the cause of the headache**

**Expert 1: Neurologist**  
**Prognosis**:  
Given the patient's age, medical history (hypertension, high cholesterol), and the presentation of severe headaches localized at the back of the head, I would be concerned about a few potential causes. The most likely differential diagnoses include tension-type headaches (which are common in patients with hypertension), but we should also consider secondary causes such as a cervicogenic headache, caused by issues in the neck or upper spine. Another important consideration is the possibility of a cluster headache, though the pattern would need to be clarified (e.g., timing, associated symptoms). There could also be concern for a cerebrovascular event such as a transient ischemic attack (TIA) or even a more chronic issue like a vertebral artery dissection, given the neck pain and headache.

**Plan of Action**:

1. **Thorough neurological examination** to assess for signs of a stroke or other serious conditions.
2. **CT or MRI of the brain** to rule out structural causes or vascular events.
3. **Blood pressure monitoring** to ensure optimal control, as poorly managed hypertension can contribute to headaches.
4. **Referral to a headache specialist** for further workup of potential primary headache disorders (e.g., cluster, tension, etc.).
5. **Physical therapy or imaging of the cervical spine** to assess for cervicogenic causes.

**Expert 2: Cardiologist**  
**Prognosis**:  
Considering the patient's existing medical conditions (high blood pressure and high cholesterol), I would be particularly concerned about the possibility of an underlying vascular issue. This patient’s severe headache in the back of the head could be related to the vascular system, particularly if there is a blood flow issue, such as a vertebral artery dissection or the onset of a TIA. Given his hypertension and cholesterol levels, he could be at higher risk for cardiovascular issues like stroke or aneurysm.

**Plan of Action**:

1. **Immediate blood pressure check** to ensure that his hypertension is controlled.
2. **Carotid ultrasound** or **CT angiography** to assess for any vascular abnormalities.
3. If vascular issues are ruled out, recommend continuing current treatments for high blood pressure and cholesterol and discuss managing stress levels.
4. **ECG and echocardiogram** to check for any underlying cardiac causes that could contribute to neurological symptoms.
5. **Lifestyle modification** counseling (e.g., weight management, exercise, diet changes) to help manage both cholesterol and blood pressure.

**Expert 3: Pain Specialist**  
**Prognosis**:  
The patient’s complaint of a severe headache that occurs randomly, especially localized to the back of the head, could potentially be a tension headache or migraine, given his reported physical condition and lifestyle factors. However, given his age and underlying health conditions, we also need to rule out more serious causes like a cervicogenic headache or a vascular headache related to his hypertension. Stress, poor posture, or muscle tension can also exacerbate headache symptoms, particularly in the neck and shoulder area. The fact that the patient is not engaging in substance use (smoking, drinking, or drug use) suggests a non-chemical cause.

**Plan of Action**:

1. **Start a headache diary** to track the frequency, duration, and triggers of the headaches.
2. **Evaluate posture and neck musculature** to identify any musculoskeletal issues that could be contributing to the headache.
3. If appropriate, trial **physical therapy or massage** to relieve any cervical spine or muscle tension.
4. Consider **over-the-counter pain relief** such as NSAIDs (if no contraindications) to manage symptoms.
5. **Cognitive behavioral therapy (CBT)** for stress management and relaxation techniques.
6. If the headache does not resolve, proceed with imaging (CT or MRI) to rule out any neurological causes, as a secondary vascular issue must be considered in light of his health history.

**Summary**:  
All three experts agree that the patient’s headache could have multiple causes, with vascular issues being the most concerning due to his high blood pressure and cholesterol. A thorough assessment of his neurological, cardiovascular, and musculoskeletal systems will be necessary to determine the underlying cause. Immediate attention should be given to blood pressure control and careful monitoring of his symptoms to ensure any serious conditions are promptly addressed.