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1 Migraine

1.1 Migraine without aura

Description: Recurrent headache disorder manifesting in attacks lasting 4–72 hours. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

Diagnostic criteria:

- A. At least 5 attacks, 1 fulfilling criteria B–D
- B. Headache attacks lasting 4–72 hours (untreated or unsuccessfully treated)
- C. Headache has at least two of the following characteristics:
 - 1. unilateral location
 - 2. pulsating quality
 - 3. moderate or severe pain intensity
 - 4. aggravation by or causing avoidance of routine physical activity (eg walking or climbing stairs)
- D. During headache at least one of the following:
 - 1. nausea and/or vomiting
 - 2. photophobia and phonophobia
- E. Not attributed to another disorder

1.2 Migraine with aura

Description: Recurrent disorder manifesting in attacks of reversible focal neurological symptoms that usually develop gradually over 5–20 minutes and last for less than 60 minutes. Headache with the features of migraine without aura usually follows the aura symptoms. Less commonly, headache lacks migrainous features or is completely absent.

Diagnostic criteria:

- A. At least 2 attacks fulfilling criterion B
- B. Migraine aura fulfilling criteria B and C for one of the subforms 1.2.1–1.2.6
- C. Not attributed to another disorder

1.2.1 *Typical aura with migraine headache*

Diagnostic criteria:

- A. At least 2 attacks fulfilling criteria B–D
- B. Aura consisting of at least one of the following, but no motor weakness:
 - 1. fully reversible visual symptoms including positive features (eg flickering lights, spots or lines) and/or negative features (ie loss of vision)
 - 2. fully reversible sensory symptoms including positive features (ie pins and needles) and/or negative features (ie numbness)
 - 3. fully reversible dysphasic speech disturbance
- C. At least two of the following:
 - 1. homonymous visual symptoms¹ and/or unilateral sensory symptoms
 - 2. at least one aura symptom develops gradually over ≥ 5 minutes and/or different aura symptoms occur in succession over ≥ 5 minutes
 - 3. each symptom lasts ≥ 5 and < 60 minutes
- D. Headache fulfilling criteria B–D for 1.1 *Migraine without aura* begins during the aura or follows aura within 60 minutes
- E. Not attributed to another disorder

1.5.1 *Chronic migraine*

- A. Headache (tension-type and/or migraine) on ≥ 15 days per month for at least 3 months*
- B. Occurring in a patient who has had at least five attacks fulfilling criteria for 1.1 Migraine without aura
- C. On ≥ 8 days per month for at least 3 months headache has fulfilled C1 and/or C2 below, that is, has fulfilled criteria for pain and associated symptoms of migraine without aura
 - 1. Has at least two of a–d
 - (a) unilateral location
 - (b) pulsating quality
 - (c) moderate or severe pain intensity
 - (d) aggravation by or causing avoidance of routine physical activity (eg walking or climbing stairs)
 - and at least one of a or b
 - (a) nausea and/or vomiting
 - (b) photophobia and phonophobia
 - 2. Treated and relieved by triptan(s) or ergot before the expected development of C1 above
- D. No medication overuse and not attributed to another causative disorder

2 Tension-type headache

2.1 Infrequent episodic tension-type headache

Description: Infrequent episodes of headache lasting minutes to days. The pain is typically bilateral, pressing or tightening in quality and of mild to moderate intensity, and it does not worsen with routine physical activity. There is no nausea but photophobia or phonophobia may be present.

Diagnostic criteria:

- A. At least 10 episodes occurring on <1 day per month on average (<12 days per year) and fulfilling criteria B–D
 - B. Headache lasting from 30 minutes to 7 days
 - C. Headache has at least two of the following characteristics:
 - 1. bilateral location
 - 2. pressing/tightening (non-pulsating) quality
 - 3. mild or moderate intensity
 - 4. not aggravated by routine physical activity such as walking or climbing stairs
 - D. Both of the following:
 - 1. no nausea or vomiting (anorexia may occur)
 - 2. no more than one of photophobia or phonophobia
 - E. Not attributed to another disorder
- ±Increased pericranial tenderness on manual palpation

2.2 Frequent episodic tension-type headache

Diagnostic criteria:

As for 2.1 Infrequent episodic tension-type headache except:

- A. At least 10 episodes occurring on ≥ 1 but <15 days per month for at least 3 months (≥ 12 and <180 days per year) and fulfilling criteria B–D (2.1)

2.3 Chronic tension-type headache

Diagnostic criteria:

As for 2.1 Infrequent episodic tension-type headache except:

- A. Headache occurring on ≥ 15 days per month on average for >3 months (≥ 180 days per year) and fulfilling criteria B–D (2.1)

3 Cluster headache and other trigeminal autonomic cephalalgias

3.1 Cluster headache

Description: Attacks of severe, strictly unilateral pain which is orbital, supraorbital, temporal or in any combination of these sites, lasting 15–180 minutes and occurring from once every other day to 8 times a day. The attacks are associated with one or more of the following, all of which are ipsilateral: conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, forehead and facial sweating, miosis, ptosis, eyelid oedema. Most patients are restless or agitated during an attack.

Diagnostic criteria:

- A. At least 5 attacks fulfilling criteria B–D
- B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15–180 minutes if untreated
- C. Headache is accompanied by at least one of the following:
 - 1. ipsilateral conjunctival injection and/or lacrimation
 - 2. ipsilateral nasal congestion and/or rhinorrhoea
 - 3. ipsilateral eyelid oedema
 - 4. ipsilateral forehead and facial sweating
 - 5. ipsilateral miosis and/or ptosis
 - 6. a sense of restlessness or agitation
- D. Attacks have a frequency from one every other day to 8 per day
- E. Not attributed to another disorder

3.1.1 *Episodic cluster headache*

At least two cluster periods lasting 7–365 days and separated by pain-free remission periods of ≥ 1 month

3.1.2 *Chronic cluster headache*

Attacks recur over >1 year without remission periods or with remission periods lasting <1 month

3.2 Paroxysmal hemicrania

Description: Attacks with similar characteristics of pain and associated symptoms and signs to those of cluster headache, but they are shorter-lasting, more frequent, occur more commonly in females and respond absolutely to indometacin.

Diagnostic criteria:

- A. At least 20 attacks fulfilling criteria B–D
- B. Attacks of severe unilateral orbital, supraorbital or temporal pain lasting 2–30 minutes
- C. Headache is accompanied by at least one of the following:
 - 1. ipsilateral conjunctival injection and/or lacrimation
 - 2. ipsilateral nasal congestion and/or rhinorrhoea
 - 3. ipsilateral eyelid oedema
 - 4. ipsilateral forehead and facial sweating
 - 5. ipsilateral miosis and/or ptosis

D. Attacks have a frequency above 5 per day for more than half of the time, although periods with lower frequency may occur

E. Attacks are prevented completely by therapeutic doses of indometacin

F. Not attributed to another disorder

3.2.1 Episodic paroxysmal hemicrania

At least two attack periods lasting 7–365 days and separated by pain-free remission periods of ≥ 1 month

3.2.2 *Chronic paroxysmal hemicrania (CPH)*

Attacks recur over >1 year without remission periods or with remission periods lasting <1 month

3.3 Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT)

Description: This syndrome is characterised by short-lasting attacks of unilateral pain that are much briefer than those seen in any other TAC and very often accompanied by prominent lacrimation and redness of the ipsilateral eye.

Diagnostic criteria:

A. At least 20 attacks fulfilling criteria B–D

B. Attacks of unilateral orbital, supraorbital or temporal stabbing or pulsating pain lasting 5–240 seconds

C. Pain is accompanied by ipsilateral conjunctival injection and lacrimation

D. Attacks occur with a frequency from 3 to 200 per day

E. Not attributed to another disorder

Short-lasting Unilateral Neuralgiform headache attacks with cranial Autonomic symptoms (SUNA)

Description: This syndrome is characterised by short-lasting attacks of unilateral pain that are much briefer than those seen in any other TAC and very often accompanied by prominent cranial autonomic features.

Diagnostic criteria:

A. At least 20 attacks fulfilling criteria B–D

B. Attacks of unilateral orbital, supraorbital or temporal stabbing or pulsating pain lasting from 2 seconds to 10 minutes

C. Pain is accompanied by one of:

1. conjunctival injection and/or lacrimation

2. nasal congestion and/or rhinorrhoea

3. eyelid oedema

D. Attacks occur with a frequency of >1 per day for more than half the time

E. No refractory period follows attacks triggered from trigger areas

F. Not attributed to another disorder

4 Other primary headaches

4.1 Primary stabbing headache

Description: Transient and localised stabs of pain in the head that occur spontaneously in the absence of organic disease of underlying structures or of the cranial nerves.

Diagnostic criteria:

- A. Head pain occurring as a single stab or a series of stabs and fulfilling criteria B–D
- B. Exclusively or predominantly felt in the distribution of the first division of the trigeminal nerve (orbit, temple and parietal area)
- C. Stabs last for up to a few seconds and recur with irregular frequency ranging from one to many per day
- D. No accompanying symptoms
- E. Not attributed to another disorder

4.2 Primary cough headache

Description: Headache precipitated by coughing or straining in the absence of any intracranial disorder.

Diagnostic criteria:

- A. Headache fulfilling B and C
- B. Sudden onset, lasting from one second to 30 minutes
- C. Brought on by and occurring only in association with coughing, straining and/or valsalva manoeuvre
- D. Not attributable to another disorder

4.3 Primary exertional headache

Description: Headache precipitated by any form of exercise. Diagnostic criteria:

- A. Pulsating headache fulfilling criteria B and C
- B. Lasting from five minutes to 48 hours
- C. Brought on by and occurring only during or after physical exertion
- D. Not attributed to another disorder

4.4 Primary headache associated with sexual activity

Description: Headache precipitated by sexual activity, usually starting as a dull bilateral ache as sexual excitement increases and suddenly becoming intense at orgasm, in the absence of any intracranial disorder.

4.4.1 Preorgasmic headache

Diagnostic criteria:

- A. Dull ache in the head and neck associated with awareness of neck and/or jaw muscle contraction and fulfilling criterion B
- B. Occurs during sexual activity and increases with sexual excitement
- C. Not attributed to another disorder

4.4.2 Orgasmic headache

Diagnostic criteria:

- A. Sudden severe headache fulfilling criterion B
- B. Occurs at orgasm
- C. Not attributed to another disorder

4.5 Hypnic headache

Description: Attacks of dull headache that always awaken the patient from asleep. Diagnostic criteria:

- A. Dull headache fulfilling criteria B–D
- B. Develops only during sleep, and awakens patient
- C. At least two of the following characteristics:
 - 1. occurs >15 times per month
 - 2. lasts \geq 15 minutes after waking
 - 3. first occurs after age of 50 years
- D. No autonomic symptoms and no more than one of nausea, photophobia or phonophobia
- E. Not attributed to another disorder

4.6 Primary thunderclap headache

Description: High-intensity headache of abrupt onset mimicking that of ruptured cerebral aneurysm.

Diagnostic criteria:

- A. Severe head pain fulfilling criteria B and C
- B. Both of the following characteristics:
 - 1. sudden onset, reaching maximum intensity in <1 minute
 - 2. lasting from 1 hour to 10 days
- C. Does not recur regularly over subsequent weeks or months
- D. Not attributed to another disorder

4.7 Hemicrania continua

Description: Persistent strictly unilateral headache responsive to indometacin. Diagnostic criteria:

- A. Headache for >3 months fulfilling criteria B–D
- B. All of the following characteristics:
 - 1. unilateral pain without side-shift
 - 2. daily and continuous, without pain-free periods
 - 3. moderate intensity, but with exacerbations of severe pain

- C. At least one of the following autonomic features occurs during exacerbations and ipsilateral to the side of pain:
 - 1. conjunctival injection and/or lacrimation
 - 2. nasal congestion and/or rhinorrhoea
 - 3. ptosis and/or miosis
- D. Complete response to therapeutic doses of indometacin
- E. Not attributed to another disorder

4.8 New daily-persistent headache (NDPH)

Description: Headache that is daily and unremitting from very soon after onset (within 3 days at most). The pain is typically bilateral, pressing or tightening in quality and of mild to moderate intensity. There may be photophobia, phonophobia or mild nausea.

Diagnostic criteria:

- A. Headache for >3 months fulfilling criteria B–D
- B. Headache is daily and unremitting from onset or from <3 days from onset
- C. At least two of the following pain characteristics:
 - 1. bilateral location
 - 2. pressing/tightening (non-pulsating) quality
 - 3. mild or moderate intensity
 - 4. not aggravated by routine physical activity such as walking or climbing stairs
- D. Both of the following:
 - 1. no more than one of photophobia, phonophobia or mild nausea
 - 2. neither moderate or severe nausea nor vomiting
- E. Not attributed to another disorder

Secondary Headaches

8.2 Medication overuse headache

Diagnostic criteria:

- A. Headache present on ≥ 15 days/month
- B. Regular overuse for > 3 months of one or more acute/symptomatic treatment drugs as defined under sub forms of 8.2.
 - 1. Ergotamine, triptans, opioids, or combination analgesic medications on ≥ 10 days/month on a regular basis for > 3 months
 - 2. Simple analgesics or any combination of ergotamine, triptans, analgesics opioids on ≥ 15 days/month on a regular basis for > 3 months without overuse of any single class alone
- C. Headache has developed or markedly worsened during medication overuse

11.2.1 Cervicogenic Headache

Diagnostic Criteria:

- A. Pain referred from a source in the neck and perceived in one or more regions of the head and/or face, fulfilling criteria C & D
- B. Clinical, laboratory &/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck known to be, or generally accepted as, a valid cause of headache
- C. Evidence that the pain can be attributed to the neck disorder or lesion based on at least one of the following
 - 1. Demonstration of clinical signs that implicate a source of pain in the neck
 - 2. Abolition of headache following diagnostic blockade of a cervical structure or its nerve supply using placebo or other adequate control
- D. Pain resolves in 3 months after successful treatment of the causative disorder or lesion.

11.7 Headache or facial pain attributed to temporomandibular joint (TMJ) disorder

Diagnostic Criteria:

- A. Recurrent pain in one or more regions of the head and/or face fulfilling criteria C and D
- B. X-ray, MRI and/or bone scintigraphy demonstrate TMJ disorder
- C. Evidence that pain can be attributed to the TMJ disorder, based on at least one of the following:
 - 1. pain is precipitated by jaw movements and/or chewing of hard or tough food
 - 2. reduced range of or irregular jaw opening
 - 3. noise from one or both TMJs during jaw movements
 - 4. tenderness of the joint capsule(s) of one or both TMJs
- D. Headache resolves within 3 months, and does not recur, after successful treatment of the TMJ disorder

Headache history¹¹

1. How many different headache types does the patient experience?

Separate histories are necessary for each. It is reasonable to concentrate on the most bothersome to the patient but others should always attract some enquiry in case they are clinically important.

2. Time questions

- a) Why consulting now?
- b) How recent in onset?
- c) How frequent, and what temporal pattern (especially distinguishing between episodic and daily or unremitting)?
- d) How long lasting?

3. Character questions

- a) Intensity of pain
- b) Nature and quality of pain
- c) Site and spread of pain
- d) Associated symptoms

4. Cause questions

- a) Predisposing and/or trigger factors
- b) Aggravating and/or relieving factors
- c) Family history of similar headache

5. Response questions

- a) What does the patient do during the headache?
- b) How much is activity (function) limited or prevented?
- c) What medication has been and is used, and in what manner?

6. State of health between attacks

- a) Completely well, or residual or persisting symptoms?
- b) Concerns, anxieties, fears about recurrent attacks, and/or their cause

Weekly Headache Diary

WEEK 1	Please score the pain of your headache out of 10 and indicate if you have any other symptoms as listed.						
	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Headache (0=none 10=worse)							
Feeling sick (Yes/No)							
Vomiting (Yes/No)							
Other symptoms (Yes/No)							
Duration of attack (hours)							
Had to lie down (Yes/No)							
Time away from normal activities (hours)							
Number of tablets of medicine taken:							
Prescribed							
Over the counter							
Menstruation (Yes/No)							