ICHDIIR and Classification of Primary Headaches

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ICHDI

Outline:
- Concepts and history of classification in Headache
- Organization and Format of the ICHDI
- General guidelines for using the ICHDI
- Nomenclature in ICHDI
- Key features of the Primary Headache chapters
- Summary

Features of an ideal classification
- Hierarchical – groups, sub-groups, etc
- Each entity has a unique classification
- Intuitive
- Easy to use
- Practical
Problems in Classifying Headaches

No lab markers
→ Valid diagnosis is difficult – entirely dependent in primary headaches upon history

Variability in definitions for syndromes
Poor demarcation between diagnoses
→ Research thus difficult

Episodic disorders with remissions
→ symptoms and signs change

Expert opinion
→ They disagree

Headache Classification

Ad Hoc Committee - 1962
Brief glossary definitions
Required subjective interpretation
Committee members:
Arnold Friedman
Knox Finley
John Graham
Charles Kunkle
Adrian Ostfeld
Harold Wolff

Headache Classification

Ad Hoc Committee

1. Vascular Headache
   A. Classic Migraine
   B. Common Migraine
   C. Cluster
   D. Hemiplegic Ophthalmoplegic migraine
      K. Lower-half headache

2. Muscle Contraction Headache

3. Combined Headache: Vascular and MCH

4. Headache of Nasal Vasomotor Reaction

5. Headache of Delusional, Conversion, or Hypochondriacal states

6. Nonmigrainous Vascular Headaches

7. Traction Headache

8. Headache due to overt Cranial Inflammation

9-13. Headache due to Diseases of Ear, Nose, Sinus, Teeth

14. Cranial Neuritides

15. Cranial Neuralgias
ICHD I

IHS formed in 1982, Classification committee formed in 1985, Dr Jes Olesen chairman
IHS Classification published in 1988
- 96 pages, 165 diagnoses
Intended for:
- research
- clinical diagnosis
Planned for revision in 1993
- actually began in 1999

ICHD II

IHS Classification Revised - 2004
Took 5 years – begun in 1999.
ICHD II is already adopted by the FDA, NIH, and WHO
160 pages, >200 diagnoses

www.i-h-s.com

ICHD II – Basic Organization

Part 1: Primary headaches
Part 2: Secondary headaches
Part 3: Cranial Neuralgias, etc.
The Appendix
ICHDI II

Part 1: Primary headaches, chapters 1-4 (no other causative disorder)
1. Migraine
2. Tension-type Headache
3. Cluster and its relatives (TACs)
4. Other primary headaches – exertional, hemicrania continua, hypnic headache, etc.

ICHDI II

Part 2: Secondary headaches, chapters 5-12
5. Posttraumatic
6. Vascular disease
7. Other intracranial pathology – eg - abn ICP, neoplasm, hydrocephalus
8. Substances
9. CNS infection
10. Homeostatic disorders - eg - hypoxia, HTN, thyroid dysfunction
11. Cervicogenic, Eyes, ENT, Sinuses, Mouth, Teeth, TMJ
12. Psychiatric

ICHDI II

Part 3: Cranial Neuralgias, Central and primary facial pain, other headaches
13. Neuralgias and neuropathy
14. Other Headaches (Empty for now)
ICHDI I

The Appendix:
- Suggested criteria for possible new entities
  - E.g. – A1.1 Menstrual migraine
  - A3.3 SUNA

- Alternative diagnostic criteria for certain categories (pending evidence)
  - E.g. – A2 - two alternative tension type headache diagnostic criteria

- Some previously accepted disorders which have not been supported by evidence
  - E.g. – A.1.3.4 - Alternating hemiplegia of childhood

IHS Classification 2nd Edition – ICHDI II

<table>
<thead>
<tr>
<th>Primary HA</th>
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<tbody>
<tr>
<td>1. Migraine</td>
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<tr>
<td>2. Tension-type</td>
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<tr>
<td>3. Cluster</td>
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<td>4. Other</td>
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<table>
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<tr>
<th>Secondary HEADACHE</th>
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<tr>
<td>5. Posttraumatic</td>
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<td>6. Vascular disease</td>
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<td>7. Abnormal ICP, Neoplasm, etc</td>
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<td>8. Substances</td>
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<tr>
<td>9. CNS infection</td>
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<tr>
<td>10. Metabolic</td>
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<tr>
<td>11. Cervicogenic, Eyes, Sinuses</td>
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<tr>
<td>12. Psychiatric HA</td>
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<tr>
<td>13. Neuralgias</td>
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<tr>
<td>14. Other</td>
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</table>

ICHDI IIR

- Now ICHD II has been slightly revised – original and 1st revised versions available online in PDF and PPT versions:
- [http://www.i-h-s.org/](http://www.i-h-s.org/) → Guidelines → Classification
- Long form and short form also available
Format of the ICHD

- Evidence-based when possible,
- Expert opinion (consensus)-based when no evidence available
- Symptom-based for primary headaches
- Etiology-based for secondary headaches
- Specificity is weighted over sensitivity
- Precise inclusion and exclusion criteria for each diagnosis
- Hierarchical

Format of the ICHD

- Hierarchical
  - major groups - 1st digit
  - types - 2nd digit
  - subtypes - 3rd digit
  - subforms - 4th digit

Example:
5.2.2 – Chronic posttraumatic HA attributed to mild head injury
-- 5 denotes posttraumatic headache
-- 5.2 denotes chronic posttraumatic headache
-- 5.2.2 denotes that this chronic posttraumatic headache was caused by mild head injury

ICHD II

General guidelines

1. For a particular diagnosis all criteria must be fulfilled -- ie A, B, C, D
   e.g. - 4.4.2 Orgasmic Headache
       A. Sudden severe (‘explosive’) headache fulfilling criterion B
       B. Occurs at orgasm
       C. Not attributed to another disorder
2. **Multiple diagnoses:** In patients with more than 1 distinct type of headache – each is coded separately - i.e. – a patient may be coded with

1.1 migraine w/o aura,
2.2 Frequent episodic tension type headache, and
8.2 Medication overuse headache

3. **If a single headache type fulfills 2 different sets of explicit criteria, use other data to decide**

- i.e. – history of the headache (onset), family history, menstrual relationship, etc

4. **Changes over time**

The classification of a patient’s headache is based upon his or her current phenomenology – (last 1 year).

If there were different headaches in the past, e.g. migraine with aura several years ago, there is the implication that the patient may have the "trait" for migraine with aura. This type of patient might reasonably be said to have had different headache diagnoses at different times.
ICHD II
General guidelines

5. Secondary headaches (Part 2)
- should occur close in time to the causative disorder
- should go away when (if the cause is removed) – use "probable" while this is being sorted out
- when pre-existing headache is made worse close in time to another disorder, probably best (if causality seems likely) to give 2 diagnoses –
  e.g.  1.1 Migraine without aura and
      5.1 Acute post-traumatic headache

ICHD II
Key nomenclature

Chronic – refers to frequency for the primary headache disorders – i.e. chronic migraine occurs on more than 50% of days.
But, as is more typical in other pain terminology, “chronic” denotes the duration of the problem eg >3 months for secondary headaches like chronic posttraumatic headache

Episodic – recurrent attacks.
But in cluster headache and paroxysmal hemicrania, it denotes the pattern of recurring cluster or hemicrania periods as opposed to continuous vulnerability to individual attacks

ICHD II
Key nomenclature

Prodrome, premonitory symptoms, aura, warning sx
- ICHD recommends dropping the terms prodrome and warning symptoms,
- use aura for the well described brief pre-headache symptoms of migraine with aura,
- use premonitory symptoms for the 2-48 hour long symptoms of forewarning before a migraine
**ICHDIII**

**Key nomenclature**

*Probable* – This term replaces terms like Migrainous headache and is used ubiquitously to indicate generally that all but one criterion has been met for a particular diagnosis.

For example, if a patient has recurrent headaches which seem migrainous but fails to fulfill one of the 4 criteria for migraine

*But fulfillment of all criteria for one diagnosis trumps a “probable” diagnostic category*

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**1.6 Probable Migraine without aura**

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

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**ICHDIII**

**Key nomenclature**

*Attributed to* – this replaces the “associated with” phrase used for secondary headaches in ICHD I

- to imply there is a causal link between the underlying disorder and the headache.
ICHD II

Part 1: Primary headaches, chapters 1-4 (no other causative disorder)

1. Migraine
2. Tension-type Headache
3. Cluster and its relatives (TACs)
4. Other primary headaches – exertional, hemicrania continua, hypnic headache, etc.

ICHD II - Key Features of primary headaches

Chapter 1 – Migraine

1.1 Migraine without aura
1.2 Migraine with aura category includes Aura with migraine, aura with non-migraine, and aura without headache. Motor auras are placed in the Hemiplegic Migraine categories. Basilar migraine 1.2.6.
1.3 Childhood syndromes
1.4. Retinal migraine
1.5. “Complications of Migraine” - Chronic migraine and Status migrainosus 1.5.1, 1.5.2, persistent aura, Migraine Stroke
1.6. Probably migraine forms

ICHD II - Key Features of primary headaches

Chapter 1 – Migraine

Ophthalmoplegic migraine is now relegated to neuralgia section (13.17)

Pure menstrual migraine PMM and Menstrually related Migraine MRM and are in the appendix (A1.1.1, A1.1.2)
1.1 Migraine without aura

A. At least 5 attacks fulfilling criteria B–D
B. Headache attacks lasting 4-72 h (untreated or unsuccessfully treated)
C. Headache has ≥2 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 (e.g., walking, climbing stairs)
D. During headache ≥1 of the following:
   1. nausea and/or vomiting
   2. photophobia and phonophobia
E. Not attributed to another disorder

1.2.1 Typical aura with migraine headache

A. At least 2 attacks fulfilling criteria B–D
B. Aura consisting of ≥1 of the following, but no motor weakness:
   1. fully reversible visual symptoms including positive and/or negative features
   2. fully reversible sensory symptoms including positive and/or negative features
   3. fully reversible dysphasic speech disturbance
C. At least two of the following:
   1. homonymous visual symptoms and/or unilateral sensory symptoms
   2. at least one aura symptom develops gradually over ≥5 min and/or different aura symptoms occur in succession over ≥5 min
   3. each symptom lasts ≥5 and ≤60 min
D. Headache fulfilling criteria B–D for 1.1 Migraine without aura begins during the aura or follows aura within 60 min
E. Not attributed to another disorder
### 1.2.2 Typical aura with non-migraine headache

**As 1.2.1 except:**
- D. Headache that does not fulfill criteria B-D for 1.1 Migraine without aura begins during the aura or follows aura within 60 min

<table>
<thead>
<tr>
<th>Headache types reported with aura:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine</td>
</tr>
<tr>
<td>Cluster</td>
</tr>
<tr>
<td>Hemicrania continua</td>
</tr>
<tr>
<td>CPH</td>
</tr>
<tr>
<td>Hypnic HA</td>
</tr>
</tbody>
</table>

### 1.2.3 Typical aura without headache

**As 1.2.1 except:**
- D. Headache does not occur during aura nor follow aura within 60 min

**Aura summary:**
- 1.2.1 – Aura with migraine
- 1.2.2 – Aura with another HA
- 1.2.3 – Aura with no HA

### 1.2.4 Familial hemiplegic migraine (FHM)

A. At least 2 attacks fulfilling criteria B and C
B. Aura consisting of fully reversible motor weakness and one of:
   1. fully reversible visual symptoms including positive and/or negative features
   2. fully reversible sensory symptoms including positive and/or negative features
   3. fully reversible dysphasic speech disturbance
1.2.4 Familial hemiplegic migraine (FHM)

C. At least two of the following:
1. at least one aura symptom develops gradually over \( \geq 5 \) min and/or different aura symptoms occur in succession over \( \geq 5 \) min
2. each aura symptom lasts \( \geq 5 \) min and \( < 24 \) h
3. headache fulfilling criteria B-D for 1.1 Migraine without aura begins during the aura or follows onset of aura within 60 min

D. At least one 1st- or 2nd-degree relative fulfils these criteria

E. Not attributed to another disorder

1.2.5 – Sporadic Hemiplegic Migraine – 50%

C. At least two of the following:
1. at least one aura symptom develops gradually over \( \geq 5 \) min and/or different aura symptoms occur in succession over \( \geq 5 \) min
2. each aura symptom lasts \( \geq 5 \) min and \( < 24 \) h
3. headache fulfilling criteria B-D for 1.1 Migraine without aura begins during the aura or follows onset of aura within 60 min

D. At least one 1st- or 2nd-degree relative fulfils these criteria

E. Not attributed to another disorder

1.2.6 Basilar-type migraine

As 1.2.1 except:

B. Aura consisting of \( \geq 2 \) of the following fully reversible symptoms, but no motor weakness:
1. dysarthria; 2. vertigo; 3. tinnitus; 4. hypacusia; 5. diplopia; 6. visual symptoms simultaneously in both temporal and nasal fields of both eyes; 7. ataxia; 8. decreased level of consciousness; 9. simultaneously bilateral paraesthesias

C. At least one of the following:
1. at least one aura symptom develops gradually over \( \geq 5 \) min and/or different aura symptoms occur in succession over \( \geq 5 \) min
2. each aura symptom lasts \( \geq 5 \) and \( \leq 60 \) min


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1.3 Childhood periodic syndromes that are commonly precursors of migraine

1.3.1 Cyclic vomiting

A. At least 5 attacks
B. Stereotypical episodes of intense Nausea and Vomiting lasting 1 h to 5 days
C. Vomiting 4x/hour
D. Symptom free between attacks
E. Not attributed to another disorder

1.3.2 Abdominal migraine

A. At least 5 attacks fulfilling criteria B-D
B. Attacks of abdominal pain lasting 1-72 h
C. Abdominal pain has all of the following characteristics:
   1. midline location, periumbilical or poorly localised
   2. dull or “just sore” quality
   3. moderate or severe intensity
D. During abdominal pain ≥2 of the following:
   1. anorexia; 2. nausea; 3. vomiting; 4. pallor
E. Not attributed to another disorder
1.3.3 BPV of Childhood

A. At least 5 attacks
B. Stereotypical episodes of
   Severe vertigo
   lasting minutes to hours
C. Vomiting 4x/hour
D. Normal neuro exam, audiometry and vestib function between attacks
E. Normal EEG

ICHDD Childhood Migraine periodic syndromes

<table>
<thead>
<tr>
<th>Dx</th>
<th>N&amp;V</th>
<th>Abd Pain</th>
<th>Vertigo</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclic Vomiting</td>
<td>+</td>
<td></td>
<td></td>
<td>1h-5d</td>
</tr>
<tr>
<td>Abdom Migraine</td>
<td>+/-</td>
<td>+</td>
<td></td>
<td>1-72 h</td>
</tr>
<tr>
<td>BPV of childhood</td>
<td>+</td>
<td></td>
<td>+</td>
<td>Mins-hrs</td>
</tr>
</tbody>
</table>

ICHDD II - Key Features of primary headaches

Primary

Chronic Daily Headache in the ICHD II
- Chronic Migraine 1.5.1 = true migraines >15 days/mo
- Status Migrainosis 1.5.2 = true migraine >72 hours
- Chronic Tension Type headache 2.3 = tension type headache > 15 days/mo
- Hemicrania Continua 4.7 = unilateral continuous pain, with autonomic features and resp. to indomethacin
- New Daily Persistent Headache 4.8 = continuous tension type headache that has a discrete onset
**CDH—Classification**

Silberstein and Lipton (S-L) 1996

- Transformed migraine (TM)
  - With medication overuse
  - Without overuse
- Chronic tension-type headache (CTTH)
  - With overuse
  - Without overuse
- New daily persistent headache (NDPH)
  - With overuse
  - Without overuse
- Hemicrania continua (HC)
  - With overuse
  - Without overuse

**Missing in ICHD II**

**AHS proposal for a revised Chronic Migraine definition - Kyoto 2005**

- Headache on 15 or more days each month
- 8 or more headaches per month meeting criteria for 1.1 Migraine without aura or 1.2 Migraine with aura, or responsive to migraine specific medication
- No underlying pathology

**New Chronic Migraine definition**

A1.5.1
ICHDIIR
Appendix

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1.5 Complications of migraine

**summary**

1.5.1 Chronic migraine – appendix criteria
   >15 HAs per mo (>7 migraine)

1.5.2 Status migrainosus
   migraine > 72 h

1.5.3 Persistent aura without infarction
   aura > 1 week

1.5.4 Migrainous infarction
   aura > 60 min & CVA on MRI

1.5.5 Migraine-triggered seizures
   sz within 1 h of an aura

ICHDI II - Key Features of primary headaches

Chapter 2 – Tension Type Headache

Infrequent Tension-type HA <1/mo
Frequent Tension-type HA 1-15/mo
Chronic Tension-type HA >15/mo

2.1 Infrequent episodic TTH

A. At least 10 episodes occurring on <1 d/mo (<12 d/y) and fulfilling criteria B-D
B. Headache lasting from 30 min to 7 d
C. Headache has ≥2 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
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
2.1 Infrequent episodic TTH

2.1.1 Infrequent episodic tension-type headache associated with pericranial tenderness
A. Episodes fulfilling criteria A-E for
   2.1.1 Infrequent episodic tension-type headache
B. Increased pericranial tenderness on manual palpation

2.1.2 Infrequent episodic tension-type headache not associated with pericranial tenderness
A. Episodes fulfilling criteria A-E for
   2.1 Infrequent episodic tension-type headache
B. No increased pericranial tenderness

2.2 Frequent episodic TTH

As 2.1 except:

A. At least 10 episodes occurring on ≥1 but <15 d/mo for ≥3 mo (≥12 and <180 d/y) and fulfilling criteria B-D

2.2.1 Frequent episodic tension-type headache associated with pericranial tenderness
A. Episodes fulfilling criteria A-E for
   2.2 Frequent episodic tension-type headache
B. Increased pericranial tenderness on manual palpation

2.2.2 Frequent episodic tension-type headache not associated with pericranial tenderness
A. Episodes fulfilling criteria A-E for
   2.2 Frequent episodic tension-type headache
B. No increased pericranial tenderness
2.3 Chronic TTH

A. Headache occurring on ≥15 d/mo (≥180 d/y) for >3 mo and fulfilling criteria B-D
B. Headache lasts hours or may be continuous
C. Headache has ≥2 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
D. Both of the following:
   1. not >1 of photophobia, phonophobia, mild nausea
   2. neither moderate or severe nausea nor vomiting
E. Not attributed to another disorder

ICHDI II - Key Features of primary headaches

Chapter 3 – Cluster Headaches and TAC

- Episodic (3.1.1) v. Chronic (3.1.2) Cluster HA
- Episodic (3.2.1) v. Chronic (3.2.2) paroxysmal hemicrania
- SUNCT 3.3 v. SUNA (A3.3) - both are new diagnoses
- Probable TACs:
  - 3.4.1 Probable cluster headache
  - 3.4.2 Probable paroxysmal hemicrania
  - 3.4.3 Probable SUNCT

3.1 Cluster headache

A. At least 5 attacks fulfilling criteria B-D
B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 min if untreated
C. Headache is accompanied by ≥1 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 1/2 d to 8/d
E. Not attributed to another disorder
3.1 Cluster headache

3.1.1 Episodic cluster headache
A. Attacks fulfilling criteria A-E for 3.1 Cluster headache
B. At least two cluster periods lasting 7-365 d and separated by pain-free remission periods of ≥1 mo

3.1.2 Chronic cluster headache
A. Attacks fulfilling criteria A-E for 3.1 Cluster headache
B. Attacks recur over >1 y without remission periods or with remission periods lasting <1 mo

3.2 Paroxysmal hemicrania
A. At least 20 attacks fulfilling criteria B-D
B. Attacks of severe unilateral orbital, supraorbital or temporal pain lasting 2-30 min
C. Headache is accompanied by ≥1 of the following:
   1. Ipsilateral conjunctival injection and/or lacrimation
   2. Ipsilateral nasal congestion and/or rhinorrhea
   3. Ipsilateral eyelid oedema
   4. Ipsilateral forehead and facial sweating
   5. Ipsilateral miosis and/or ptosis
D. Attacks have a frequency >5/d for > half of the time, although periods with lower frequency may occur
E. Attacks are prevented completely by therapeutic doses of indomethacin
F. Not attributed to another disorder

3.3 Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing
A. At least 20 attacks fulfilling criteria B-D
B. Attacks of unilateral orbital, supraorbital or temporal stabbing or pulsating pain lasting 5-240 s
C. Pain is accompanied by ipsilateral conjunctival injection and lacrimation
D. Attacks occur with frequency 3-200/d
E. Not attributed to another disorder
Alternative Appendix definition:
A3.3 Short-lasting Unilateral Neuralgiform headache attacks with cranial Autonomic symptoms (SUNA)

A. At least 20 attacks fulfilling criteria B-E
B. Attacks of unilateral orbital, supraorbital or temporal stabbing or pulsating pain lasting from 2 sec to 10 min
C. Pain is accompanied by one of:
   1. conjunctival injection and/or lacrimation
   2. nasal congestion and/or rhinorrhoea
   3. eyelid oedema
D. Attack frequency is ≥1/day for >50% of the time
E. No refractory period follows attacks triggered from trigger areas
F. Not attributed to another disorder

TAC’s
- Duration decreases with name length

Cluster
15-180 min
Paroxysmal Hemicrania
2-30 min
Short lasting unilateral neuralgiform headaches with conjunctival injection and tearing
5-240 sec

ICHDI - Key Features of primary headaches

Chapter 4, Other primary headaches
- Exertional headaches
  - Stabbing headache
  - Cough headache and
  - Exertional headache
- Headaches assoc with sexual activity:
  - Explosive coital headache is now Orgasmic headache 4.4.2
  - Dull coital headache is now Pre-orgasmic headache 4.4.1
  - Postural form of coital headache sent to the secondary category of 7.2 (low CSF pressure headache)
- New Diagnoses
  - Thunderclap headache, Hypnic headache, Hemicrania continua, NDPH
Exertional Headaches

4.1 Primary Stabbing headache (jabs/jolts)
- V1 (orbit, temple and parietal area)
- Stabs last for up to a few seconds and recur irregularly

4.2 Primary Cough headache and
- Sudden onset, lasting from 1 second to 30 minutes
- Brought on by and occurring only in association with coughing, straining

4.3 Primary exertional headache
- Pulsating
- Lasting from 5 minutes to 48 hours
- Brought on by and occurring only during or after physical exertion

Exertional Headaches - clues

4.1 Primary Stabbing headache (jabs/jolts) often switches sides and is seen in migraine, cluster; indomethacin helps

4.2 Primary Cough headache can be brought on by any Valsalva manoeuvre; Ddx includes Chiari, carotid and VB disease; usually >40 y/o

4.3 Primary exertional headache – a close relative is probably exertional migraine; indomethacin helps; occurs at high alt or in heat

4.4 Primary headache associated with sexual activity

4.4.1 Preorgasmic headache
- 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
- A. Sudden severe (“explosive”) headache fulfilling criterion B
- B. Occurs at orgasm
- C. Not attributed to another disorder

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4.5 Hypnic headache

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/mo
   2. lasts ≥15 min after waking
   3. first occurs after age of 50
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

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

“Evidence that Thunderclap headache exists as a primary condition is poor; the search for an underlying cause…” (ICHD II)

Ddx:
- Intracerebral hemorrhage, Pituitary apoplexy
- Subarachnoid hem
- Cerebral Venous Thrombosis
- Unruptured aneurysm or AVM
- Arterial Dissection
- CNS Angiitis, RCVS
4.7 Hemicrania continua

A. Headache for >3 mo 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, with exacerbations of severe pain
C. At least one of the following autonomic features occurs during exacerbations, ipsilateral to the pain:
   1. conjunctival injection and/or lacrimation
   2. nasal congestion and/or rhinorrhea
   3. ptosis and/or miosis
D. Complete response to therapeutic doses of indomethacin
E. Not attributed to another disorder

4.8 New daily-persistent headache

Diagnostic criteria

A. Headache for >3 mo fulfilling criteria B-D
B. Headache is daily and unremitting from onset or from <3 d 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
D. Both of the following:
   1. not >1 of photophobia, phonophobia or mild nausea
   2. neither moderate or severe nausea nor vomiting
E. Not attributed to another disorder

Notes
• 4.8 New daily-persistent headache has many similarities to 2.3 Chronic tension-type headache
• It is unique in that headache is daily and unremitting from, or almost from, the moment of onset
• A clear recall of such onset is necessary for the diagnosis
• If there is or has been within the last 2 mo medication overuse fulfilling criterion B for any of the subforms of 8.2 Medication-overuse headache, the diagnosis cannot be 4.8 New daily-persistent headache
ICHD II - Conclusions

Conceived as both a research AND a clinical tool – limitations in both – Work in Progress which will change as evidence becomes available

Primary headache classification is based upon headache phenomenology since no biological or radiological measures available.