

Cluster headache

Acute and prophylactic guidelines

- Exclude the following red flags prior to treating any headache:
 - Thunderclap headache (intense headache of explosive onset)
 - Jaw claudication.
 - Progressive headache worsening over weeks
 - New onset headache in a patient over 50 years
 - Headache causing a person to wake from sleep
 - Rapid progression of personality changes confirmed by a witness
 - Headache in a person with history of HIV or immunosuppression.
 - Unilateral red eye
 - Headache with atypical aura (duration over 1 hour or including significant motor weakness)
 - Headache associated with postural changes
 - Rapid progression of unexplained cognitive impairment
 - Rapid progression of sub-acute neurological deficit

Guideline Name	Cluster headache: acute and prophylactic guidelines
Date of issued:	July 2016
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Presentation

- Patients with cluster headaches will have intermittent pain and will unlikely be able to sit still during a headache attack (unlike migraine headaches where patients need to lie/sit still)
- Exclude red flags:
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General Advice and treatment

- Most patients with new onset cluster headaches will require referral to a neurologist for advice.
- Though short lived, medication will nearly always be required. **Subcut Sumatriptan is the gold standard but Intranasal Triptan can also be considered.**
- Oxygen should be prescribed if recommended by a neurologist and is best used as prophylaxis.
- Treatment for cluster headaches should be started alongside prophylactic treatment.

Prophylaxis

- Prophylactic dose should be increased rapidly

First line

- Verapamil 80mg tds starting dose.
- Prednisolone should be started at the same time as verapamil at a dose of 60-100mg daily for 5 days then decrease by 10mg every 3 days. Treatment should be discontinued after 2-3 weeks.
- Verapamil dose should be increased as prednisolone is tapered down and withdrawn.

Useful facts

- Affects male:females 3:1
- Bouts last 6-12 weeks and usually affect person ≥ 20 years.
- Usually occurs 1-2 times a year (often at the same time)
- Rarely chronic throughout the year.
- Headaches are often severe and usually occur at night lasting 30-60 minutes.
- Headaches are always unilateral.