



BASIC INFORMATION

DESCRIPTION

A very severe headache that typically causes pain on one side of the head, behind the head, or around one eye. The headaches tend to recur at the same time each day for several days or weeks, separated by attack-free weeks or months. They affect adults over age 30, and men much more than women.

FREQUENT SIGNS AND SYMPTOMS

- Sudden onset of headache. It often occurs at night while sleeping.
- Headache reaches a peak within 15 minutes and lasts about 2 to 3 hours.
- Pain around the eye.
- Severe, piercing, or boring pain.
- Teary eyes.
- Swollen and droopy eyelid.
- Stuffy or runny nose.
- Slow heartbeat.
- Nausea.
- Sweating.

CAUSES

The cause is unknown. It may be a combination of factors, such as dilating blood vessels in the head, disturbance of the trigeminal nerve, or abnormal activity in part of the brain.

RISK INCREASES WITH

- Male, age over 30.
- Smoker.
- Previous head injury.
- Sleep apnea (periods of not breathing at night).
- Persons who are in stressful jobs, are self-employed, sociable, active, and responsible.
- Possibly a genetic factor (unproven as yet).

PREVENTIVE MEASURES

Since the cause is unknown, no specific measures to prevent first episode.

EXPECTED OUTCOMES

The cluster headache attacks may come and go, or be ongoing. Many people are headache-free for a year or more, but then they may start up again. Various drug therapies are available that can help control attacks.

POSSIBLE COMPLICATIONS

Cluster headaches do not cause complications or lead to other disorders. They are debilitating and can interfere with daily activities.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider can usually diagnose the disorder based on the history of the headache patterns and symptoms. Medical tests are normally not required.
- Treatment goals are to treat the symptoms and prevent or abort future attacks. It may involve drug therapy, use of oxygen, and lifestyle changes.
- During cluster periods, avoid bright light or glare, alcohol, excessive anger, stressful activity, or excitement. These can trigger attacks. Keeping a headache diary may be useful to help identify other triggers.
- Don't smoke. It may interfere with drug therapy.
- Some patients also have sleep apnea. Treating the apnea (with a mechanical device) helps headaches also.
- Surgical treatments may be considered when drug therapy is not helpful. Surgery has limited effectiveness.
- To learn more: National Headache Foundation, 428 West St. James Pl., 2nd Fl., Chicago, IL 60614; (888) 643-5552; website: www.headaches.org.

MEDICATIONS

- Your health care provider may prescribe one or more drugs to treat the headache and for prevention:
 - Drugs called triptans (by mouth or by injection).
 - Dihydroergotamine (Migranal) by injection.
 - Ergotamine tartrate, in a tablet, suppository, aerosol, or injection form.
 - Oxygen therapy for home use.
 - Lidocaine nasal spray or nasal drops.
 - Phenylephrine (can be used for nasal stuffiness).
 - Other drugs to help treat/prevent cluster headaches.

ACTIVITY

Vigorous physical activity at first symptoms may abort attack.

DIET

Avoid alcohol and foods containing nitrates (such as smoked meat).



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of cluster headache.
- Attacks continue after treatment is started.

Special notes:
