

Cluster Headache - Rare and Extremely Painful

Cluster headache is an extraordinarily painful, rare (affects about 1 per 1000, estimated 14,000 Australians) chronic disease affecting five times as many men as women. Cluster headaches usually develop between the ages of 20 and 40. It occurs rarely in children and is extremely rare after 70-75. The term 'cluster' is used as the attacks usually occur in groups or clusters, typically for several weeks once or twice a year at the same time of year. The cause of cluster headache is thought to be a disorder of an "internal clock" in the hypothalamus.

The two main forms of cluster headache are episodic (alternating periods of attacks and remission, 1-8 per day for 7 days to 1 year, between cluster periods pain-free periods of at least 14 days); and chronic lacking remissions, diagnosed after 1 year without remission or if remissions less than 14 days). Children with cluster headache are reported to experience quite short headache periods, from 5-6 days to 3-4 weeks.

Symptoms

Symptoms may include:

- Excruciating, boring, burning pain (much more severe than migraine) localized around one eye
- pain very pronounced behind one eye, commonly radiating to forehead, temple, cheek and upper gum on same side of face
- drooping of eyelid, watering eye that may become bloodshot, running or blocked nostril on the affected side
- steady rather than throbbing pain
- attacks of 15 – 180 minutes
- 1-3 attacks per day
- attacks can occur on consecutive days for 6-8 weeks
- remission periods of months to years
- onset of pain about an hour after going to bed.

Risk Factors

There appears to be a link with smoking as most of those affected are, or have been, heavy smokers or their parents smoked. Discontinuing smoking does not appear to provide any relief. Excessive alcohol consumption may also be a risk factor. Further research on risk factors is needed. Studies have shown family history to be a factor and a genetic cause is strongly suggested.

Triggers

During cluster headache periods any substance that dilates blood vessels (such as alcohol, glyceryl trinitrate and histamine) will trigger an attack.

Helpful tips for cluster headache sufferers includes taking medication as prescribed, avoiding alcohol during cluster periods, maintaining regular sleep patterns, avoiding high stress or strenuous physical activity, avoiding high altitude and quitting smoking.

Diagnosis

No tests are normally required to diagnose cluster headache as the symptoms are so specific, however it can be misdiagnosed as migraine. A CT scan of the brain at onset will rule out those uncommon cases caused by a brain lesion.

Treatment and Prevention

A specialist medical practitioner should be consulted. Apart from avoiding alcohol during clusters, the main treatment involves taking medication. Acute (treat as attacks start) and prophylactic (preventative, taken every day) medications are used, many sufferers requiring both. Acute medications include oxygen inhalation, sumatriptan subcutaneous injection, ergotamine and intranasal lignocaine. Prophylactic medications include calcium channel blocking agent verapamil with lithium carbonate if necessary, ergotamine, methysergide and corticosteroids such as prednisone. All these medications should only be taken under the supervision of a medical practitioner.

References

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