



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. Approximately 90% of those affected are males.

FREQUENT SIGNS AND SYMPTOMS

- Sudden onset of headache, often at night while sleeping.
- Headache reaches crescendo within 15 minutes and lasts about 2 hours.
- Pain is unilateral around the eye.
- Severe, piercing or boring pain.
- Teary eyes.
- Infected conjunctiva.
- Swollen and droopy eyelid.
- Nasal congestion and runny nose.
- Slow heartbeat.
- Nausea.
- Perspiration.
- Restless, active, violent behavior (sometimes).

CAUSES

Actual cause unknown. Some indication that a neurological disturbance of the body's circadian rhythm (biologic clock) may contribute to cluster headache.

RISK INCREASES WITH

- Male, age over 30.
- Possible relationship to previous head injury or surgery.
- Significantly higher incidence of peptic ulcer, coronary artery disease (males).
- Prior history of migraine frequent (significant in females).
- Certain foods have been implicated, specifically those containing tyramine. Such foods include pepperoni, red wine, chicken livers, active yeast preparations, and camembert, cheddar and other aged cheeses.

PREVENTIVE MEASURES

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

EXPECTED OUTCOMES

- No cure is available, but treatment can help control the pain and shorten the cluster period.
- Prolonged remissions.

POSSIBLE COMPLICATIONS

- Self-injury during attack.
- Side effects of drugs.



TREATMENT

GENERAL MEASURES

- Diagnosis is usually determined by the patient's history of the headache patterns and symptoms.
- Therapy may involve medications and lifestyle changes.
- During cluster periods, avoid bright light or glare, alcohol, excessive anger, stressful activity or excitement. These will precipitate attacks.
- Avoid smoking; tobacco may make cluster unresponsive to drug treatment.
- Consider surgical treatments to trigeminal nerve if drug therapy is ineffective.
- Additional information available from the National Headache Foundation, 5252 N. Western Ave., Chicago, IL 60625, (800) 843-2256.

MEDICATIONS

- Sumatriptan (brand name Imitrex) subcutaneously (self-injected under the skin) may help during an acute attack. Follow all prescription instructions carefully.
- Ergotamine aerosol may be used during an attack and also as a preventive. Follow prescription instructions carefully, especially if you take more than one medication.
- Oxygen therapy for home use may be recommended.
- Caffeine-containing medications (oral and suppository) can help during acute attack.
- Local anesthetic, such as lidocaine, may be recommended.
- Phenylephrine for nasal stuffiness.
- Several medications are available that can help suppress headaches during a cluster period (prednisone, lithium, ergotamine, verapamil, indomethacin and methysergide).

ACTIVITY

- Avoid any activities that could cause you to injure yourself during attacks.
- Vigorous physical activity at first symptoms may abort attack.

DIET

- During clusters, avoid alcohol as it can precipitate attack.
- Rarely, specific foods (chocolate, eggs, dairy products) trigger attacks.



NOTIFY OUR OFFICE IF

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