



Cluster Headache

How to make a clinical diagnosis

Cluster attacks are characterised by excruciating strictly unilateral and strictly unilateral headache. However, attacks can change side, across different bouts, within the same bout and rarely within an acute attack

Bilateral pain in cluster headache is rare

The attacks are accompanied by ipsilateral cranial autonomic features which are primarily parasympathetic and can most commonly include lacrimation, conjunctival injection, rhinorrhoea, nasal congestion, drooping or swelling of the eyelid.

The presence of cranial autonomic features in headache does not necessarily indicate cluster headache or another trigeminal autonomic cephalalgia (TAC). For example, these features can also occur in migraine.

One of the most distinguishing features of a cluster attack is restlessness. Patients typically walk up and down, or rock to and fro, clutching the affected side, unlike migraineurs who are motion-sensitive and prefer to remain still

Attack duration is usually between 15 minutes to 3 hours and attack frequency 1-2 a day.

Cluster headache can be episodic or chronic. Episodic cluster bouts usually last between 2 weeks and 3 months and most often occur once every 1-2 years.

Ten to 20% of sufferers experience chronic cluster headache, which is currently defined as attacks occurring without a remission period, or with remissions lasting < 3 month, for at least 1 year



Active bouts of cluster headache can be seasonal and at the same time each year.

During an active bout, sufferers can experience attacks at set times during the day for weeks or months. The pattern can change or become less predictable

Cluster attacks often wake patients *from* sleep, usually about 1.5-2 hours after they have fallen asleep

Some individuals can exclusively have nocturnal attacks.

In between attacks of pain patients can experience a background dull ache in the same distribution of the cluster attacks. The interparoxysmal pain tends to settle when the cluster bout resolves.

During an active cluster bout some patients can be exquisitely sensitive to alcohol triggering an attack, usually within an hour. The propensity does not occur out of the bout.

Clinical pointers- A few more commonalities and differences between Cluster Headache and Migraine

Up to 25% of migraine sufferers can experience autonomic features during an attack

20-40% of migraine sufferers experience strictly unilateral headache

Cluster sufferers can have nausea and vomiting, photophobia and phonophobia

The duration of untreated migraine attacks in adults is generally longer than 4 hours

A key feature in cluster headache is restlessness and lack of motion sensitivity, while migraine sufferers prefer to be still