



Cluster Headache. Preventive Treatments

Verapamil

Verapamil is an effective preventive treatment in cluster headache.

The doses required to suppress cluster headache attacks can be higher than those used to treat cardiac disorders. Clinically significant cardiac rhythm disturbances can occur and are neither dose nor time dependent. It is possible for patients to develop cardiac conduction abnormalities even after they have been on a stable dose for a long period.

BASH recommends an ECG done at baseline and following each increase in dose. At a stable dose ECG should be done once every six months. Any cardiac rhythm disturbance may require dose reduction or drug withdrawal.

In episodic cluster headache, once control has been achieved, towards the end of the expected bout, the preventive can be slowly withdrawn. If attacks recur the preventive should be re-established.



Oral Corticosteroids

Oral corticosteroids have been shown to be effective in the prevention of cluster headache attacks.

The response should be seen within 48 hours.

Given the high adverse effect profile corticosteroid use is best restricted as a short-term measure in patients with multiple daily attacks, which cannot be treated effectively acutely, whilst an alternative preventive is being introduced.

Suboccipital nerve block

Suboccipital nerve block (i.e. suboccipital depot steroid and local anaesthetic injection) has shown a significant reduction or resolution of attacks compared to placebo, and despite a high placebo response rate.

Recommended preventive treatments for cluster headaches

Name	Start dose	Titration	Max daily dose	Comments
Greater occipital nerve block	Depot steroid + local anaesthetic	Not applicable	Not applicable	Different formulations of steroid & anaesthetic used*
Verapamil	80 mg TDS	Increase 80 mg every 2 weeks	960 mg	ECG monitoring recommended