عنوان مقاله:
Cluster Headache

محل انتشار:
ششمین کنگره بین المللی سردرد (سال: 1398)

تعداد صفحات اصل مقاله: 2

نویسنده:
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خلاصه مقاله:
Cluster headache (CH), has been known as the most common form of trigeminal autonomic cephalalgias. This type of headache affects around one in 1000 in the world. CH exerts with high attack frequency, an extremely severe pain, and concomitant autonomic symptoms, that all make its treatment more necessary. Two main types of CH include episodic CH and chronic CH. Episodic CH occurs in clusters, typically lasts 6-12 weeks one time a year or two years, and then remits until the next cluster. Chronic CH, which continues with only brief or even no remission periods, is less common but highly debilitating. Thus, chronic CH could be considered as a refractory to treatment headache. It is of note that CH is poorly diagnosed and recognized. Thus, the diagnosis delay may result in suboptimal treatment. Proper diagnosis and recognition in primary care level is pivotal to ensure prompt referral. Although it not always achievable, the main goal in CH treatment include suppression of attacks totally.The current guidelines of AHS and EHF on CH diagnosis and treatment has been described here.According to AHS guidelines sumatriptan subcutaneous, zolmitriptan nasal spray, and high flow oxygen have been considered as the acute treatments with a Level A recommendation. Also, use of sphenopalatine ganglion stimulation was considered as a Level B treatment recommendation. Nasal spray of lidocaine and subcutaneous Octreotide have received Level C recommendation. Regarding transitional treatment of CH, the only treatment with Level A recommendation is suboccipital steroid injections. According to AHS guidelines, verapamil has been considered as the first line maintenance prophylactic treatment for CH though it has been given only a Level C recommendation. Therefore, for CH maintenance prophylaxis, lithium and verapamil have the highest evidence. Comparison of the onset latency of verapamil and lithium revealed a shorter latency period with verapamil, that might represent a major advantage.Warfarin, lithium, verapamil and melatonin have been given Level C recommendation for maintenance therapy; however, due to the negative evidence for sodium valproate, this drug has been introduced as probably ineffective treatment for CH.Based on the latest EHF guideline, CH acute therapies include subcutaneous sumatriptan 6 mg that is regarded as the only proven highly-effective acute drug for CH. However, sumatriptan should not be used for more than twice a day. The other proposed acute medications is Oxygen 100% at ≥7 l/min for up to 15 min. In addition, prednisolone 60-80 mg od ... for 2-4 days

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