The International Classification of Headache Disorders

2nd Edition

(1st revision, May 2005)

Abbreviated pocket version
for reference by professional users only,
prepared by
the Headache Classification Subcommittee of the
International Headache Society

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### Introduction to Abbreviated Pocket Version


This abbreviated version, including the most common or important headache disorders, is an *aide memoire* for those familiar with the classification principles and experienced in their application. It lists the diagnostic criteria but omits explanatory introductions, descriptions, notes and comments which in many cases are key to proper and accurate usage.

### Classification

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2. **G44.2** Tension-type headache (TTH)
   2.1 G44.2 Infrequent episodic TTH
   2.1.1 G44.20 Infrequent episodic TTH associated with pericranial tenderness
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6. G44.81 **Headache attributed to cranial or cervical vascular disorder**

6.1 G44.810 Headache attributed to ischaemic stroke or TIA
  6.1.1 G44.810 Headache attributed to ischaemic stroke [I63]
  6.1.2 G44.810 Headache attributed to TIA [G45]

6.2 G44.810 Headache attributed to non-traumatic intracranial haemorrhage [I62]
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7.9 G44.82 Headache attributed to other non-vascular intracranial disorder

8. **Headache attributed to a substance or its withdrawal**

8.1 G44.40 Headache induced by acute substance use or exposure

8.1.1 G44.400 Nitric oxide (NO) donor-induced headache [X44]

8.1.1.1 G44.400 Immediate NO donor-induced headache [X44]

8.1.1.2 G44.400 Delayed NO donor-induced headache [X44]

8.1.2 G44.40 Phosphodiesterase inhibitor-induced headache [X44]

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8.1.4.1 G44.83 Immediate alcohol-induced headache [F10]

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9.  **Headache attributed to infection**

9.1  G44.821  Headache attributed to intracranial infection  [G00-G09]
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9.1.2  G44.821  Headache attributed to lymphocytic meningitis  [G03.9]
9.1.3  G44.821  Headache attributed to encephalitis  [G04.9]
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9.2.2  G44.881  Headache attributed to systemic viral infection  [code for aetiology]
9.2.3  G44.881  Headache attributed to other systemic infection  [code for aetiology]
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9.4.1 G44.821 Chronic post-bacterial meningitis headache [G00.9]
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11.6 G44.846 Headache attributed to disorder of teeth, jaws or related structures [K00-K14]
11.7 G44.846 Headache or facial pain attributed to temporomandibular joint (TMJ) disorder [K07.6]
11.8 G44.84 Headache attributed to other disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cervical structures [code for aetiology]

12. R51 Headache attributed to psychiatric disorder
12.1 R51 Headache attributed to somatisation disorder [F45.0]
12.2 R51 Headache attributed to psychotic disorder [code for aetiology]

13. G44.847, G44.848 or G44.85 Cranial neuralgias and central causes of facial pain
13.1 G44.847 Trigeminal neuralgia
13.1.1 G44.847 Classical trigeminal neuralgia [G50.00]
13.1.2 G44.847 Symptomatic trigeminal neuralgia [G53.80 + code for aetiology]
13.2 G44.847 Glossopharyngeal neuralgia
13.2.1 G44.847 Classical glossopharyngeal neuralgia [G52.10]
13.2.2 G44.847 Symptomatic glossopharyngeal neuralgia [G53.830 + code for aetiology]
13.3  G44.847  Nervus intermedius neuralgia [G51.80]
13.4  G44.847  Superior laryngeal neuralgia [G52.20]
13.5  G44.847  Nasociliary neuralgia [G52.80]
13.6  G44.847  Supraorbital neuralgia [G52.80]
13.7  G44.847  Other terminal branch neuralgias [G52.80]
13.8  G44.847  Occipital neuralgia [G52.80]
13.9  G44.851  Neck-tongue syndrome
13.10  G44.801  External compression headache
13.11  G44.802  Cold-stimulus headache
13.11.1  G44.8020  Headache attributed to external application of a cold stimulus
13.11.2  G44.8021  Headache attributed to ingestion or inhalation of a cold stimulus
13.12  G44.848  Constant pain caused by compression, irritation or distortion of cranial nerves or upper cervical roots by structural lesions [G53.8 + code for aetiology]
13.13  G44.848  Optic neuritis [H46]
13.14  G44.848  Ocular diabetic neuropathy [E10-E14]
13.15  G44.881 or G44.847  Head or facial pain attributed to herpes zoster
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13.15.2  G44.847  Post-herpetic neuralgia [B02.2]
13.16  G44.850  Tolosa-Hunt syndrome
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13.18  G44.810 or G44.847  Central causes of facial pain
13.18.1  G44.847  Anaesthesia dolorosa [G52.800 + code for aetiology]
13.18.2  G44.810  Central post-stroke pain [G46.21]
13.18.3  G44.847  Facial pain attributed to multiple sclerosis [G35]
13.18.4  G44.847  Persistent idiopathic facial pain [G50.1]
13.18.5  G44.847  Burning mouth syndrome [code for aetiology]
13.19  G44.847  Other cranial neuralgia or other centrally mediated facial pain [code for aetiology]

14.  R51  Other headache, cranial neuralgia, central or primary facial pain
14.1  R51  Headache not elsewhere classified
14.2  R51  Headache unspecified
PART 1. THE PRIMARY HEADACHES

1. [G43] Migraine

1.1 [G43.0] Migraine without aura

A. At least 5 attacks fulfilling criteria B–D
B. Headache attacks lasting 4–72 hours (untreated or unsuccessfully treated)
C. Headache has at least 2 of the following characteristics:
   1. unilateral location
   2. pulsating quality
   3. moderate or severe pain intensity
   4. aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)
D. During headache at least 1 of the following:
   1. nausea and/or vomiting
   2. photophobia and phonophobia
E. Not attributed to another disorder

1.2 [G43.1] Migraine with aura

A. At least 2 attacks fulfilling criterion B
B. Migraine aura fulfilling criteria B–C for one of the subforms 1.2.1-1.2.6
C. Not attributed to another disorder

1.2.1 [G43.10] Typical aura with migraine headache

A. At least 2 attacks fulfilling criteria B–D
B. Aura consisting of at least 1 of the following, but no motor weakness:
   1. fully reversible visual symptoms including positive features (eg, flickering lights, spots or lines) and/or negative features (ie, loss of vision)
   2. fully reversible sensory symptoms including positive features (ie, pins and needles) and/or negative features (ie, numbness)
   3. fully reversible dysphasic speech disturbance
C. At least two of the following:
   1. homonymous visual symptoms and/or unilateral sensory symptoms
   2. at least one aura symptom develops gradually over ≥5 minutes and/or different aura symptoms occur in succession over ≥5 minutes
   3. each symptom lasts ≥5 and ≤60 minutes
D. Headache fulfilling criteria B–D for 1.1 Migraine without aura begins during the aura or follows aura within 60 minutes
E. Not attributed to another disorder
1.2.3 [G43.104] Typical aura without headache
As 1.2.1 except:
B. Aura consisting of at least 1 of the following, with or without speech disturbance but no motor weakness:
   1. fully reversible visual symptoms including positive features (e.g., flickering lights, spots or lines) and/or negative features (i.e., loss of vision)
   2. fully reversible sensory symptoms including positive features (i.e., pins and needles) and/or negative features (i.e., numbness)
D. Headache does not occur during aura nor follow aura within 60 minutes

2. [G44.2] Tension-type headache (TTH)
2.1 [G44.2] Infrequent episodic tension-type headache
A. At least 10 episodes occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B–D
B. Headache lasting from 30 minutes to 7 days
C. Headache has at least 2 of the following characteristics:
   1. bilateral location
   2. pressing/tightening (non-pulsating) quality
   3. mild or moderate intensity
   4. not aggravated by routine physical activity such as walking or climbing stairs
D. Both of the following:
   1. no nausea or vomiting (anorexia may occur)
   2. no more than one of photophobia or phonophobia
E. Not attributed to another disorder

2.2 [G44.2] Frequent episodic tension-type headache
As 2.1 except:
A. At least 10 episodes occurring on ≥1 but <15 days/month for ≥3 months (≥12 and <180 days/year) and fulfilling criteria B–D

2.3 [G44.2] Chronic tension-type headache
As 2.1 except:
A. Headache occurring on ≥15 days/month on average for >3 months (≥180 days/year) and fulfilling criteria B–D
B. Headache lasts hours or may be continuous
D. Both of the following:
   1. no more than one of photophobia, phonophobia or mild nausea
   2. neither moderate or severe nausea nor vomiting
3. [G44.0] Cluster headache and other trigeminal autonomic cephalalgias

3.1 [G44.0] Cluster headache
A. At least 5 attacks fulfilling criteria B–D
B. Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes if untreated
C. Headache is accompanied by at least 1 of the following:
   1. ipsilateral conjunctival injection and/or lacrimation
   2. ipsilateral nasal congestion and/or rhinorrhoea
   3. ipsilateral eyelid oedema
   4. ipsilateral forehead and facial sweating
   5. ipsilateral miosis and/or ptosis
   6. a sense of restlessness or agitation
D. Attacks have a frequency from 1 every other day to 8/day
E. Not attributed to another disorder

3.1.1 [G44.01] Episodic cluster headache
A. Attacks fulfilling criteria A–E for 3.1 Cluster headache
B. At least two cluster periods lasting 7-365 days and separated by pain-free remission periods of ≥1 month

3.1.2 [G44.02] Chronic cluster headache
A. Attacks fulfilling criteria A–E for 3.1 Cluster headache
B. Attacks recur over >1 year without remission periods or with remission periods lasting <1 month

PART 2. THE SECONDARY HEADACHES

A de novo headache occurring with another disorder recognised to be capable of causing it is diagnosed as secondary.

A patient who has previously had a primary headache that becomes worse in close temporal relation to the occurrence of another disorder can receive two diagnoses: the primary headache diagnosis and the secondary headache diagnosis. The following factors support the use of two diagnoses: a very close temporal relation, marked worsening of the primary headache, the existence of other evidence that the other disorder can aggravate primary headache in the manner observed, and remission of the headache after cure or remission of the other disorder.
5. [G44.88] Headache attributed to head and/or neck trauma

5.2.1 [G44.30] Chronic post-traumatic headache attributed to moderate or severe head injury [S06]

A. Headache, no typical characteristics known, fulfilling criteria C–D

B. Head trauma with at least 1 of the following:
   1. loss of consciousness for >30 minutes
   2. Glasgow Coma Scale (GCS) <13
   3. post-traumatic amnesia for >48 hours
   4. imaging demonstration of a traumatic brain lesion (cerebral haematoma, intracerebral/subarachnoid haemorrhage, brain contusion, skull fracture)

C. Headache develops within 7 days after head trauma or after regaining consciousness following head trauma

D. Headache persists for >3 months after head trauma

6. [G44.81] Headache attributed to cranial or cervical vascular disorder

6.4.1 [G44.812] Headache attributed to giant cell arteritis (GCA) [M31.6]

A. Any new persisting headache fulfilling criteria C–D

B. At least one of the following:
   1. swollen tender scalp artery with elevated erythrocyte sedimentation rate and/or C reactive protein
   2. temporal artery biopsy demonstrating giant cell arteritis

C. Headache develops in close temporal relation to other symptoms and signs of giant cell arteritis

D. Headache resolves or greatly improves within 3 days of high-dose steroid treatment

7. [G44.82] Headache attributed to non-vascular intracranial disorder

7.1.1 [G44.820] Headache attributed to idiopathic intracranial hypertension (IIH) [G93.2]

A. Progressive headache with at least 1 of the following characteristics and fulfilling criteria C–D:
   1. daily occurrence
   2. diffuse and/or constant (non-pulsating) pain
   3. aggravated by coughing or straining

B. Intracranial hypertension fulfilling the following criteria:
   1. alert patient with neurological examination that either is normal or demonstrates any of the
following abnormalities:
   a) papilloedema
   b) enlarged blind spot
   c) visual field defect (progressive if untreated)
   d) sixth nerve palsy
2. increased CSF pressure (>200 mm H₂O in the non-obese, >250 mm H₂O in the obese) measured by lumbar puncture in the recumbent position or by epidural or intraventricular pressure monitoring
3. normal CSF chemistry (low CSF protein is acceptable) and cellularity
4. intracranial diseases (including venous sinus thrombosis) ruled out by appropriate investigations
5. no metabolic, toxic or hormonal cause of intracranial hypertension
C. Headache develops in close temporal relation to increased intracranial pressure
D. Headache improves after withdrawal of CSF to reduce pressure to 120-170 mm H₂O and resolves within 72 hours of persistent normalisation of intracranial pressure

7.4.1 [G44.822] Headache attributed to increased intracranial pressure or hydrocephalus caused by neoplasm [C00-D48]
A. Diffuse non-pulsating headache with at least 1 of the following characteristics and fulfilling criteria C–D:
   1. associated with nausea and/or vomiting
   2. worsened by physical activity and/or manoeuvres known to increase intracranial pressure (such as Valsalva manoeuvre, coughing or sneezing)
   3. occurring in attack-like episodes
B. Space-occupying intracranial tumour* demonstrated by CT or MRI and causing hydrocephalus
C. Headache develops and/or deteriorates in close temporal relation to the hydrocephalus
D. Headache improves within 7 days after surgical removal or volume-reduction of tumour
*including colloid cyst of the IIIrD ventricle.

7.4.2 [G44.822] Headache attributed directly to neoplasm [C00-D48]
A. Headache with at least 1 of the following characteristics and fulfilling criteria C–D:
   1. progressive
   2. localised
   3. worse in the morning
   4. aggravated by coughing or bending forward
B. Intracranial neoplasm shown by imaging  
C. Headache develops in temporal (and usually spatial) relation to the neoplasm  
D. Headache resolves within 7 days after surgical removal or volume-reduction of neoplasm or treatment with corticosteroids

8. [G44.4 or G44.83] Headache attributed to a substance or its withdrawal

8.1.3 [G44.402] Carbon monoxide (CO)-induced headache [X47]
A. Bilateral and/or continuous headache, with quality and intensity that may be related to the severity of CO intoxication, fulfilling criteria C–D  
B. Exposure to carbon monoxide (CO)  
C. Headache develops within 12 hours of exposure  
D. Headache resolves within 72 hours after elimination of CO

8.2 [G44.41 or G44.83] Medication-overuse headache†
A. Headache present on ≥15 days/month fulfilling criteria C and D  
B. Regular overuse for >3 months of one or more drugs that can be taken for acute and/or symptomatic treatment of headache  
C. Headache has developed or markedly worsened during medication overuse  
D. Headache resolves or reverts to its previous pattern within 2 months after discontinuation of overused medication

8.2.1 [G44.411] Ergotamine-overuse headache [Y52.5]
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache  
B. Ergotamine intake on ≥10 days/month on a regular basis for >3 months

8.2.2 [G44.41] Triptan-overuse headache
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache  
B. Triptan intake (any formulation) on ≥10 days/month on a regular basis for >3 months

† The changes to ICHD-II in this first revision are confined to this group of disorders. 8.2.6 MOH attributed to combination of acute medications is newly described.
8.2.3 [G44.410] Analgesic-overuse headache [F55.2]
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache
B. Intake of simple analgesics on ≥15 days/month on a regular basis for >3 months

8.2.4 [G44.83] Opioid-overuse headache [F11.2]
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache
B. Opioid intake on ≥10 days/month on a regular basis for >3 months

8.2.5 [G44.410] Combination analgesic-overuse headache [F55.2]
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache
B. Intake of combination analgesic medications on ≥10 days/month on a regular basis for >3 months

8.2.6 [G44.41 ±G44.83] MOH attributed to combination of acute medications
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache
B. Intake of any combination of ergotamine, triptans, analgesics and/or opioids on ≥10 days/month on a regular basis for >3 months without overuse of any single class alone

8.2.7 [G44.410] Headache attributed to other medication-overuse
A. Headache fulfilling criteria A, C and D for 8.2 Medication-overuse headache
B. Regular overuse for >3 months of a medication other than those described above

8.2.8 [G44.41 or G44.83] Probable medication-overuse headache*
A. Headache fulfilling criteria A and C for 8.2 Medication-overuse headache
B. Medication-overuse fulfilling criterion B for any one of the subforms 8.2.1-8.2.7
C. One or other of the following:
   1. overused medication has not yet been withdrawn
   2. medication overuse has ceased within the last 2 months but headache has not so far resolved or reverted to its previous pattern
8.4 [G44.83] Headache attributed to substance withdrawal

8.4.3 [G44.83] Oestrogen-withdrawal headache [Y42.4]
A. Headache or migraine fulfilling criteria C–D
B. Daily use of exogenous oestrogen for ≥3 weeks, which is interrupted
C. Headache or migraine develops within 5 days after last use of oestrogen
D. Headache or migraine resolves within 3 days

11. [G44.84] Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structures

11.2.1 [G44.841] Cervicogenic headache [M99]
A. Pain, referred from a source in the neck and perceived in one or more regions of the head and/or face, fulfilling criteria C–D
B. Clinical, laboratory and/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck known to be, or generally accepted as, a valid cause of headache
C. Evidence that the pain can be attributed to the neck disorder or lesion based on at least 1 of the following:
   1. demonstration of clinical signs that implicate a source of pain in the neck
   2. abolition of headache following diagnostic blockade of a cervical structure or its nerve supply using placebo- or other adequate controls
D. Pain resolves within 3 months after successful treatment of the causative disorder or lesion

PART 3. CRANIAL NEURALGIAS, CENTRAL AND PRIMARY FACIAL PAIN AND OTHER HEADACHES

13. [G44.847, G44.848 or G44.85] Cranial neuralgias and central causes of facial pain

13.1.1 [G44.847] Classical trigeminal neuralgia [G50.00]
A. Paroxysmal attacks of pain lasting from a fraction of a second to 2 minutes, affecting one or more divisions of the trigeminal nerve and fulfilling criteria B–C
B. Pain has at least 1 of the following characteristics:
   1. intense, sharp, superficial or stabbing
   2. precipitated from trigger areas or by trigger factors
C. Attacks are stereotyped in the individual patient
D. There is no clinically evident neurological deficit
E. Not attributed to another disorder

13.8 [G44.847] Occipital neuralgia [G52.80]
A. Paroxysmal stabbing pain, with or without persistent aching between paroxysms, in the distribution(s) of the greater, lesser and/or third occipital nerves
B. Tenderness over the affected nerve
C. Pain is eased temporarily by local anaesthetic block of the nerve

13.18 [G44.810 or G44.847] Central causes of facial pain
13.18.4 [G44.847] Persistent idiopathic facial pain [G50.1]
A. Pain in the face, present daily and persisting for all or most of the day, fulfilling criteria B–C
B. Pain is confined at onset to a limited area on one side of the face, and is deep and poorly localised
C. Pain is not associated with sensory loss or other physical signs
D. Investigations including X-ray of face and jaws do not demonstrate any relevant abnormality