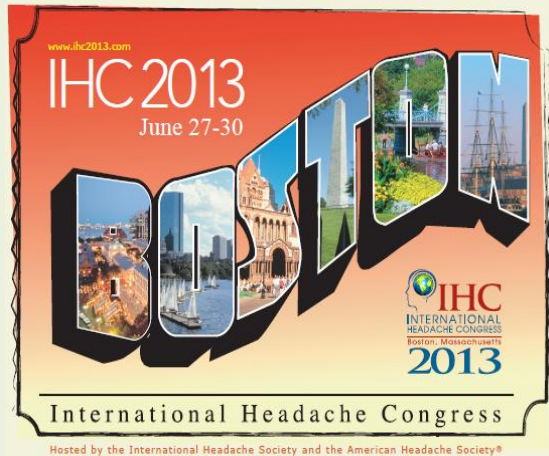
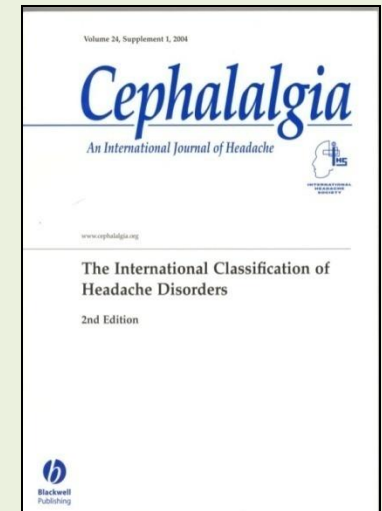


The ICHD III Secondary Headaches

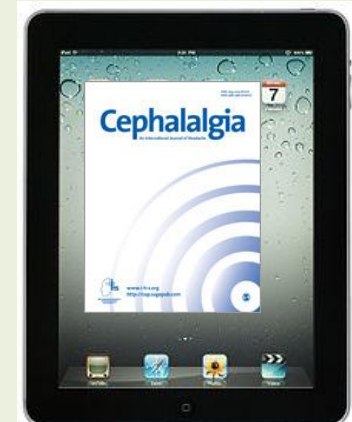


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ICHD II



ICHD III



The International Classification of Headache Disorders

3rd edition - Beta version (January, 2013)

Third Headache Classification Committee Members

Jes Olesen, Denmark (*Chairman*)

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David Dodick, United States of America

Anne Ducros, France

Stefan Evers, Germany

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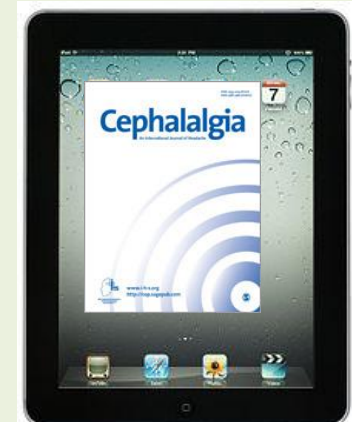
Timothy J Steiner, United Kingdom (*Secretary*)

Cristina Tassorelli, Italy

Gisela M Terwindt, The Netherlands

Maurice Vincent, Brazil

Shuu-Jiun Wang, Taiwan



ICHD III – Basic Organization

Part 1: Primary headaches

Part 2: Secondary headaches

Part 3: Cranial Neuralgias, etc.

The Appendix



ICHD III

Part 1: Primary headaches

(no other causative disorder)

1. Migraine
2. Tension-type Headache
3. Cluster and its relatives (TACs)
4. Other primary headaches –
exertional, hemicrania continua,
hypnic headache, et al



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Part 2: Secondary headaches (caused by another disorder)

5. Posttraumatic (Head, neck)
6. Vascular disease (Head, neck)
7. Nonvascular intracranial pathology
8. Substances or withdrawal
9. Infection
10. Homeostatic disorder
11. Cranial, face, neck, EENT, sinuses, teeth
12. Psychiatric

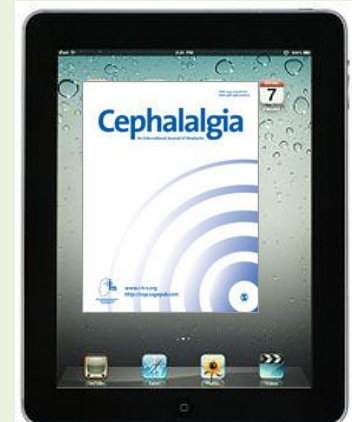


ICHD III

Part 3: Cranial Neuralgias, Central and primary facial pain, other headaches

13. Neuralgias and neuropathy

14. Other Headaches (Empty for now)



ICHD III

The Appendix:

- 1. Suggested criteria for possible new entities
- 2. Alternative diagnostic criteria for certain categories (pending evidence)
- 3. Some previously accepted disorders which have not been supported by evidence

ICHD II primary v. secondary headaches

“Primary or secondary headache or both: When a new headache occurs for the first time in close temporal relation to another disorder that is known to cause headache, or fulfils other criteria for causation by that disorder, the new headache is coded as a secondary headache attributed to the causative disorder.”

When a *pre-existing* primary headache becomes *chronic* in close temporal relation to such a causative disorder, both the primary and the secondary diagnoses should be given.

When a *pre-existing* primary headache is made significantly worse (usually meaning a two-fold or greater increase in frequency and/or severity) in close temporal relation to such a causative disorder, both the primary and the secondary headache diagnoses should be given, provided that there is good evidence that the disorder can cause headache.

ICHD III – New 2° HA

- 1) If a headache is morphologically like migraine but arises as a result of a secondary cause code as the secondary HA
- 2) ICHD III criteria require two separate evidential features to be present in all cases, and allow up to four types of evidence
- 3) diagnostic criteria restrict themselves to information reasonably available to the diagnosing physician in a typical clinical situation.
- 4) No “Probable” secondary headaches

ICHD II – Secondary HA

Chapter 5 – Headache attributed to trauma

1. Require headache following head or neck trauma within 7 d
2. Acute or Chronic – < or > 3 months
3. After mild or severe trauma
4. Whiplash induced headaches

ICHD II – Secondary HA

5. Posttraumatic
6. Vascular disease
7. Other intracranial pathology
8. Substances
9. Infection
10. Homeostatic disorders
11. Cervicogenic, Eyes, ENT, Sinuses, Mouth, Teeth, TMJ
12. Psychiatric
13. Neuralgias

Post-traumatic headache

- ***5.1 Acute post-traumatic headache***
 - ***5.1.1 acute post-traumatic headache attributed to moderate or severe head injury***
 - ***5.1.2 acute post-traumatic headache attributed to mild head injury***
- ***5.2 Chronic post-traumatic headache***
 - ***5.2.1 mod or severe head injury***
 - ***5.2.2 mild head injury***
- ***5.3 Acute headache attributed to whiplash injury***
- ***5.4 Chronic headache attributed to whiplash injury***

Post-traumatic headaches

- ICHD II – PTHA had to begin within 7 days of trauma
- ICHD III - within 7 days after head trauma, “or after regaining consciousness following head trauma or after discontinuation of medications that impair the ability of the patient to report or sense headache following head trauma”

ICHD II – Secondary HA

Chapter 6 - Headache attrib to cranial or cervical vascular disorder

Stroke

Hemorrhages (ICH, SAH)

Aneurysm, AVM

Arteritis (GCA or intracerebral)

Carotid or vertebral artery pain

Cerebral venous thrombosis

RCVS

CADASIL

ICHD II – Secondary HA

Chapter 7 - Headache due to non vascular intracranial pathology

↑↓ CSF pressure

Hydrocephalus

Sarcoidosis

Neoplasm

Carcinomatous meningitis

HaNDL

Epileptic seizure

Chiari malformation

ICHD II – Secondary HA

Chapter 8 - Medication and substances

Nitric oxide donors like nitroglycerine

Carbon Monoxide

Alcohol

Food additives like MSG

Cocaine, marijuana

Medication overuse

Substance withdrawal including caffeine, opioids,
estrogen

8.2 Medication-overuse headache

A. Headache present on ≥ 15 d/mo

B. Regular overuse for > 3 mo of one or more drugs that can be taken for acute and/or symptomatic treatment of headache

ergotamine, triptan, opioid, combination > 10 d/mo

simple analgesic or a comb of analgesics > 15 d/mo

C. Headache has developed or markedly worsened during medication overuse

ICHD II→III - Medication Overuse HA

- No particular HA features (ICHD II specified type)
- Frequency of HA > 15 d/month (like ICHD II)
- Requirement for usage frequency (like ICHD II):
ergotamine, triptan, opioid, comb meds >10d/mo
simple analgesic or a combination of analgesics >15 d/mo
- No requirement for resolution after discontinuation of the causal medication

Chronic daily headache v. MOH

- **In chronic headaches, as headache frequency increases, analgesic medication frequency increases**
- **Then analgesic rebound may occur**
- **So – how do distinguish between CM and MOH?**
- **See if headaches disappear when acute medication is discontinued – not always a reliable clue**

ICHD II – Secondary HA

Chapter 9 Headache attributed to infection

- Meningitis, encephalitis
- Brain abscess
- Systemic infection
- HIV

ICHD II – Secondary HA

Chapter 10 HA attributed to disorder of homeostasis

Formerly - HA associated with metabolic disorder –

- High altitude, sleep apnea
- Dialysis
- Pheochromocytoma
- HTN – significant, with or without encephalopathy
- Hypothyroidism
- Fasting
- Cardiac cephalalgia

ICHD II – Secondary HA

Chapter 11 HA attributed to skull, neck, eyes, ears, nose, sinuses, teeth, mouth etc

Cervicogenic HA

Ocular causes

Nose and Sinuses

Teeth or Jaw

Temporomandibular dysfunction

Cervicogenic Headache – ICHD III

- A. Headache of any kind fulfilling criteria C and 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, including tumors, fractures, infections, and significant **upper cervical arthritic disease such as symptomatic spondylosis.**

ICHD II – Secondary HA

Chapter 12 HA attributed to psychiatric disorder

“Evidence supporting psychiatric causes of headache remains scarce”

Chapter 13 Neuralgias

Trigeminal, glossopharyngeal, occipital

Optic neuritis

**Recurrent painful ophthalmoplegic neuropathy
(Ophthalmoplegic migraine)**

12. Headache attributed to psychiatric disorder

| | |
|------|--|
| 12.1 | Headache attributed to somatization disorder |
| 12.2 | Headache attributed to psychotic disorder |

What's New in the Appendix?

- *A1.3.1 Chronic migraine with pain free periods*
- *A1.3.2 Chronic migraine with continuous pain*
- *A1.4.5 Migraine aura status*
- *A1.6.1.3 Infantile Colic*
- *A.1.6.5 Vestibular migraine*
- *A 4.11 Epicrania fugax – zig-zag HA*
- *A5.1, 5.2 Delayed PTH*
- *A7.11 Post-electroconvulsive therapy (ECT) headache*
- *A7.12 Persistent post-intracranial disorder headache*
- *A 7.13 Ictal Epileptic Headache*

What's New in the Appendix?

- *A9.3 Headache attributed to HIV infection*
- *10.1.2 Headache attributed to aeroplane travel*
- *A10.9 Headache attributed to travel to space*
- *A10.10 Coat hanger pain attributed to orthostatic (postural) hypotension*
- *A11.2.4 Headache attributed to upper cervical radiculopathy*
- *A11.2.5 Headache attributed to myofascial pain in the cervical muscles*
- *A11.5.3 Headache attributed to pathology of the nasal mucosa, turbinates or septum*
- *Airplane Headache*

ICHD III Appendix psych disorders

- *A12.3 Headache attributed to Depressive Disorders*
- *A12.4 Headache attributed to Separation Anxiety Disorder*
- *A12.5 Headache attributed to Panic Disorder*
- *A12.6 Headache attributed to Specific Phobia*
- *A12.7 Headache attributed to Social Anxiety Disorder (Social Phobia)*
- *A12.8 Headache attributed to Generalized Anxiety Disorder*
- *A12.9 Headache attributed to Post-traumatic Stress Disorder*
- *A12.10 Headache attributed to Acute Stress Disorder*

ICHD III – The Beta Version

- Field testing begins NOW with the aim of finalizing the ICHD by 2015
- Participate in assessing and commenting:
www.i-h-s.org
- Simultaneously, ICD 11 is being created and interested neuro professionals are being asked to participate in the WHO Global Neurology Network:
http://kuclas.qualtrics.com/SE/?SID=SV_2tx46PqQkVAyeQB