

Lifting The Burden

The Global Campaign to Reduce the Burden of Headache Worldwide

A partnership in action between the World Health Organization,
World Headache Alliance, International Headache Society and
European Headache Federation

Diagnostic criteria for headache disorders in primary care

**Abbreviated pocket version for reference
by professional users only**

Note to users

This diagnostic aid for primary care is based on *The International Classification of Headache Disorders* (ICHD), published by the International Headache Society (*Cephalalgia* 2004; 24 (suppl 1): 1-160, revised *Cephalalgia* 2005; 25: 460-465). The full classification is accessible at www.ihs-classification.org.

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

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Introduction

ICHD distinguishes between *primary headaches*, which have no other underlying causative disorder, and *secondary headaches*, which are attributed to some other disorder.

Set out in this adaptation of ICHD specifically for primary care are the criteria for the 15 headache disorders that are important in primary care. These include the headache disorders most likely to be seen, and those that are important because they are symptomatic of another serious underlying disorder requiring treatment. They are numbered below as in the classification; WHO ICD-10 codes, used in some countries, are given in parentheses.

PRIMARY HEADACHES

The last diagnostic criterion for all primary headaches is *Not attributed to another disorder*. This means that history and physical and neurological examinations do not suggest any underlying and possibly causative disorder, or history and/or examination do suggest such a disorder but it is ruled out by appropriate investigations, or such a disorder is present but attacks do not occur for the first time in close temporal relation to it.

1.1 [G43.0] Migraine without aura

Diagnostic criteria:

- 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 two 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 one 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

1.2.1 [G43.10] Typical aura with migraine headache

Diagnostic criteria:

- A. At least 2 attacks fulfilling criteria B–D
- B. Aura consisting of at least one 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 (loss of vision)
 - 2. fully reversible sensory symptoms including positive features (pins-and-needles) and/or negative features (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

Diagnostic criteria:

- A. At least 2 attacks fulfilling criteria B–D
- B. Aura consisting of at least one of the following, with or without speech disturbance but no motor weakness:
 - 1. fully reversible visual symptoms including positive features (eg, flickering lights, spots or lines) and/or negative features (loss of vision)
 - 2. fully reversible sensory symptoms including positive features (pins-and-needles) and/or negative features (numbness)
- 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 does not occur during aura nor follow aura within 60 minutes
- E. Not attributed to another disorder

2.2 [G44.2] Frequent episodic tension-type headache

Diagnostic criteria:

- A. At least 10 episodes occurring on ≥ 1 but < 15 days per month for at least 3 months (≥ 12 and < 180 days per year) and fulfilling criteria B-D
- B. Headache lasting from 30 minutes to 7 days
- C. Headache has at least two 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

2.3 [G44.2] Chronic tension-type headache

Diagnostic criteria:

- A. Headache occurring on ≥ 15 days per month on average for > 3 months (≥ 180 days per year) and fulfilling criteria B-D
- B. Headache lasts hours or may be continuous
- C. Headache has at least two 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 more than one of photophobia, phonophobia or mild nausea
 - 2. neither moderate or severe nausea nor vomiting
- E. Not attributed to another disorder¹

Note:

- 1. When medication overuse is present, the diagnosis may be 8.2 *Medication-overuse headache*. This will remain uncertain until 2 months after medication has been withdrawn.

3.1 [G44.0] Cluster headache

Diagnostic criteria:

- 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 one 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 one every other day to 8 per day
- E. Not attributed to another disorder

3.1.1 [G44.01] Episodic cluster headache

Diagnostic criteria:

- 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

Diagnostic criteria:

- 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

SECONDARY HEADACHES

General diagnostic criteria for secondary headaches:

- A. Headache [with the following listed characteristics] fulfilling criteria C and D
- B. Another disorder known to be able to cause headache has been demonstrated
- C/D. Evidence of a causal relationship

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

Diagnostic criteria:

- A. Headache, no typical characteristics known, fulfilling criteria C and D
- B. Head trauma with at least one 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
- 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

6.2.2 [G44.810] Headache attributed to subarachnoid haemorrhage (SAH)

Diagnostic criteria:

- A. Severe headache of sudden onset fulfilling criteria C and D
- B. Neuroimaging or cerebrospinal fluid evidence of non-traumatic subarachnoid haemorrhage, with or without other clinical signs
- C. Headache develops simultaneously with haemorrhage
- D. Headache resolves within 1 month

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

Diagnostic criteria:

- A. Any new persisting headache fulfilling criteria C and D
- B. At least one of the following:
 1. swollen tender scalp artery with elevated erythrocyte sedimentation rate (ESR) and/or C reactive protein (CRP)
 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

7.2 [G44.820] Headache attributed to low cerebrospinal fluid pressure

Diagnostic criteria:

- A. Headache that worsens within 15 minutes after sitting or standing and improves within 15 minutes after lying, with at least one of the following and fulfilling criteria C and D:
 - 1. neck stiffness
 - 2. tinnitus
 - 3. hypacusia
 - 4. photophobia
 - 5. nausea
- B. One of the following:
 - 1. Dural puncture has been performed
 - 2. Persistent CSF leakage has been caused by another procedure or by trauma, or low CSF pressure has developed spontaneously, with at least one of the following:
 - a) evidence of low CSF pressure on MRI
 - b) evidence of CSF leakage on conventional or CT myelography or cisternography
 - c) CSF opening pressure <60 mm H₂O in sitting position
- C. Headache develops in close temporal relation to B1 or B2
- D. Headache resolves either spontaneously within 1 week or after intervention to seal the CSF leak

7.4.1 [G44.822] Headache attributed to increased intracranial pressure or hydrocephalus caused by neoplasm

Diagnostic criteria:

- A. Diffuse non-pulsating headache with at least one of the following characteristics and fulfilling criteria C and 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

8.2 [G44.41 or G44.83] Medication-overuse headache (MOH)

Diagnostic criteria:

- A. Headache on ≥ 15 days/month fulfilling criteria C and D
- B. Regular overuse for > 3 months of either:
 1. simple analgesics only on ≥ 15 days/month
 2. ergotamine, triptans, opioids or combination analgesics, or any combination of these with or without simple analgesics, on ≥ 10 days/month
- 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

CRANIAL NEURALGIAS, CENTRAL AND PRIMARY FACIAL PAIN

13.1.1 [G44.847] Classical trigeminal neuralgia

Diagnostic criteria:

- A. Paroxysmal attacks of unilateral pain lasting from a fraction of a second to 2 minutes, affecting one or more divisions of the trigeminal nerve and fulfilling criteria B and C
- B. Pain has at least one 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

13.18.4 [G44.847] Persistent idiopathic facial pain

Diagnostic criteria:

- A. Pain in the face, present daily and persisting for all or most of the day, fulfilling criteria B and 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