

A stylized illustration of a human head in profile, facing right. The head is rendered in a light blue, translucent style. Inside the head, the brain is depicted with a glowing, fiery red and orange center, suggesting a headache or intense neural activity. A hand is shown holding the forehead, with fingers spread, emphasizing the pain. The background is a light blue grid pattern with some white curved lines.

# **HEADACHE**

**Professor Mi Mi Cho**

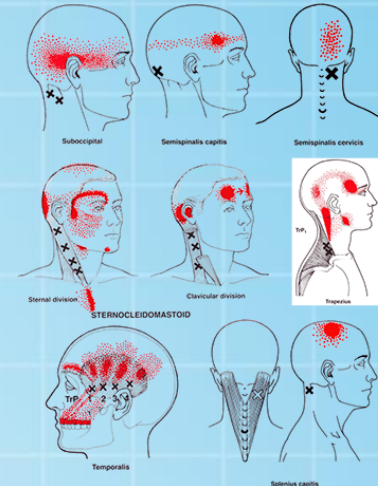
# Headache

- Headache is a nearly universal experience and a serious health concern. The life time prevalence of headache is 93%, with severe headache impacting 20% of the population each year.
- It is one of the 10 most common presenting symptoms in general practice. Due to the myriad of potential causes, ranging from the benign to the catastrophic, headache seem to pose diagnostic and therapeutic challenges to the clinician.



# Headache

- There has been an explosion of new knowledge about headache over the past ten years.
- The mechanisms of cephalic pain and the genetics of headache are better understood. New treatments have emerged based on the mechanisms of headache.





# Headache

- Numerous well designed clinical trials are available using the headache classification system of the International Headache Society (IHS).
- Proper diagnosis is the key to successful management of headache disorders. Separating secondary causes from primary headache disorders is a necessary first step, followed by further refinement within these broad categories.



# **International Classification of Headache Disorders 3<sup>rd</sup> Edition (ICHD-3) – Basic Organization**



# Part 1-Primary headaches, (Chapter 1-4) (No other causative disorder)

## 1. Migraine

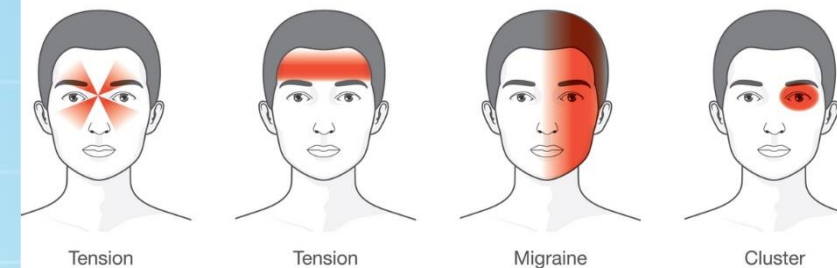
1.a. Migraine with aura

1.b. Migraine without aura

1.c. Chronic Migraine

1.d. Complications of Migraine

## 2. Tension-type headache



# Part 1-Primary headaches, (Chapter 1-4) (No other causative disorder)

## 3. Trigeminal autonomic cephalgias

3.1 Cluster headache

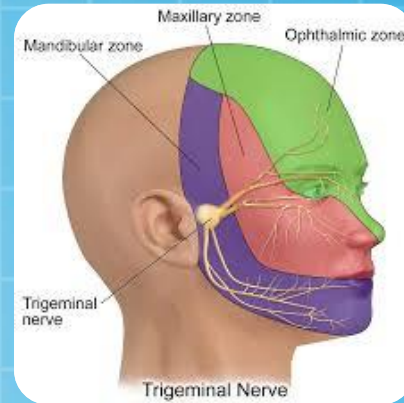
3.2 Paroxysmal hemicrania

3.3 Short lasting neuralgiform headache attacks

3.3.1 Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT)

3.3.2 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA)

3.4 Hemicrania continua





# **Part 1-Primary headaches, (Chapter 1-4) (No other causative disorder)**

## **4. Other primary headache disorders**

4.1 Primary cough headache

4.2 Primary exercise headache

4.3 Primary headache associated with sexual activity

4.4 Primary thunderclap headache

4.5 Cold-stimulus headache

4.6 External-pressure headache

4.7 Primary stabbing headache

4.8 Hypnic Headache

4.9 New daily persistent headache (NDPH)





# **Part 1-Primary headaches, (Chapter 1-4) (No other causative disorder)**

## **5. Headache attributed to special groups**

**5.1 Old age**

**5.2 Woman**

**5.3 Children**

These four “Primary headache” groups are considered to have “no other causative disorders”.



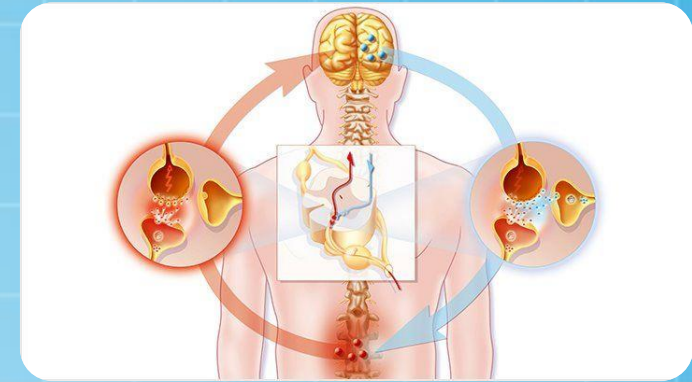
## Part 2 - “Secondary Headache”

1. Post traumatic
2. Vascular disease
3. Other intracranial pathology (Non vascular)
4. Substances or its withdrawal
5. CNS infection
6. Homeostatic disorders
7. Cranium, neck, eyes, ENT, Sinuses, mouth, teeth, TM
8. Psychiatric disorder



# Part 3 - Neuralgias and neuropathy

1. Trigeminal neuralgia secondary and primary
2. Glossopharyngeal neuralgia
3. Nervous intermedius neuralgia
4. Occipital neuralgia
5. Optic neuritis
6. Headache attributed to ischemic ocular motor nerve palsy
7. Tolosa-Hunt Syndrome
8. Recurrent painful ophthalmoplegic neuropathy
9. Burning mouth syndrome (BMS)
10. Persistent idiopathic facial pain (PIPF)



# Thank You

