

“The Secondary Headaches”

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Part Two

The Secondary Headache

1. Headache attributed to trauma or injury to the head and/or neck.
2. Headache attributed to cranial and/or cervical vascular disorder.
3. Headache attributed to non-vascular intracranial disorder.
4. Headache attributed to a substance or its withdrawal.
5. Headache attributed to infection.
6. Headache attributed to disorder of homeostasis.
7. Headache or facial pain attributed to disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structure.
8. Headache attributed to psychiatric disorder.

General diagnostic criteria for secondary headaches

- A. Any headache fulfilling criterion C
- B. Another disorder scientifically documented to be able to cause headache has been diagnosed.
- C. Evidence of causation demonstrated by at least two of the following.
 - 1. Headache has developed in temporal relation to the onset of the presumed causative disorder
 - 2. Either or both of the following:
 - a) Headache has significantly worsened in parallel with worsening of the presumed causative disorder
 - b) Headache has significantly improved in parallel with improvement of the presumed causative disorder
 - 3. Headache has characteristics typical for the causative disorder
 - 4. Other evidence exists of causation
- D. Not better accounted for by another ICHD-3 diagnosis.

1. Headache attributed to trauma or injury to the head and/or neck

1.1 Acute headache attributed to traumatic injury to the head

1.1.1 to moderate or severe traumatic injury to the head

1.1.2 to mild traumatic injury to the head

1.2 Persistent Headache attributed to traumatic injury to the head

1.2.1 to moderate or severe traumatic injury to the head

1.2.2 to mild traumatic injury to the head

1.3 Acute headache attributed to whiplash

1.4 Persistent headache attributed to whiplash

1.5 Acute headache attributed to craniotomy

1.6 Persistent headache attributed to craniotomy

2.Headache attributed to cranial and/or cervical vascular disorder

2.1 Headache attributed to cerebral ischaemic event

2.1.1.1 Headache attributed to ischaemic stroke (cerebral infarction)

2.1.1.2 Headache attributed to past ischaemic stroke (cerebral infarction)

2.1.2 Headache attributed to transient ischaemic attack (TIA)

2.2 Headache attributed to non-traumatic intracranial haemorrhage

2.2.1 Acute headache attributed to non-traumatic intra-cerebral haemorrhage

2.2.2 Acute headache attributed to non-traumatic sub-arachnoid haemorrhage (SAH)

2.2.3 Acute headache attributed to non-traumatic acute subdural haemorrhage (ASDH)

2.2.4 Persistent headache attributed past non-traumatic intracranial haemorrhage

2.2.4.1 Persistent headache attributed to past non-traumatic intracerebral haemorrhage

2.2.4.2 Persistent headache attributed to past non-traumatic subarachnoid haemorrhage

2.2.4.3 Persistent headache attributed to past non-traumatic acute subdural haemorrhage

2.Headache attributed to cranial and/or cervical vascular disorder

2.3 Headache attributed to arteritis

2.3.1 Headache attributed to giant cell arteritis (GCA)

2.3.2 Headache attributed to primary angiitis of the central nervous system (PACNS)

2.3.3 Headache attributed to secondary angiitis of the central nervous system (SACNS)

2.4 Headache attributed to cervical carotid or vertebral artery disorder

2.4.1 Headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection

2.4.1.1 Acute headache or facial or neck pain attributed to cervical carotid or vertebral artery dissection

2.4.1.2 Persistent headache or facial or neck pain attributed to past cervical carotid or vertebral artery dissection

2.4.2 Post-endarterectomy headache

2.4.3 Headache attributed to carotid or vertebral angioplasty or stenting

2.5 Headache attributed to cranial venous disorder

2.5.1 Headache attributed to cerebral venous thrombosis (CVT)

2.5.2 Headache attributed to cranial venous sinus stenting

3.Headache attributed to non-vascular intracranial disorder

- 3.1 Headache attributed to increased cerebrospinal fluid (CSF) pressure
 - 3.1.1 Headache attributed to idiopathic intracranial hypertension (IIH)
 - 3.1.2 Headache attributed to intracranial hypertension secondary to metabolic ,toxic or hormonal cause
 - 3.1.3 Headache attributed to intracranial hypertension secondary to chromosomal disorder
 - 3.1.4 Headache attributed to intracranial hypertension secondary to hydrocephalus
- 3.2 Headache attributed to low cerebrospinal fluid (CSF) pressure
 - 3.2.1 Post-dural puncture headache
 - 3.2.2 Cerebrospinal fluid (CSF) fistula headache
 - 3.2.3 Headache attributed to spontaneous intracranial hypotension
- 3.3 Headache attributed to non-infectious inflammatory intracranial disease
 - 3.3.1 Headache attributed to neurosarcoidosis
 - 3.3.2 Headache attributed to aseptic (non-infectious) meningitis
 - 3.3.3 Headache attributed to other non-infectious inflammatory intracranial disease
 - 3.3.4 Headache attributed to lymphocytic hypophysitis
 - 3.3.5 Syndrome of transient headache and neurological deficits with cerebrospinal fluid lymphocytosis (HaNDL)

3.Headache attributed to non-vascular intracranial disorder

- 3.4 Headache attributed to intracranial neoplasia
 - 3.4.1 Headache attributed to intracranial neoplasm
 - 3.4.1.1 Headache attributed to colloid cyst of the third ventricle
 - 3.4.2 Headache attributed to carcinomatous meningitis
 - 3.4.3 Headache attributed to hypothalamic or pituitary hyper – or hyposecretion
- 3.5 Headache attributed to intrathecal injection
- 3.6 Headache attributed to epileptic seizure
 - 3.6.1 Headache attributed Ictal epileptic headache
 - 3.6.2 Post-ictal headache
- 3.7 Headache attributed to Chiari malformation type 1 (CMI)
- 3.8 Headache attributed to other non-vascular intracranial disorder

4. Headache attributed to a substance or its withdrawal

- 4.1 Headache attributed to use of or exposure to a substance
 - 4.1.1 Nitric oxide (NO) donor-induced headache
 - 4.1.1.1 Immediate NO donor-induced headache
 - 4.1.1.2 Delayed NO donor-induced headache
 - 4.1.2 Phosphodiesterase (PDE) inhibitor-induced headache
 - 4.1.3 Carbon monoxide (CO)- induced headache
 - 4.1.4 Alcohol-induced headache
 - 4.1.4.1 Immediate alcohol –induced headache
 - 4.1.4.2 Delayed alcohol- induced headache
 - 4.1.5 Cocaine-induced headache
 - 4.1.6 Histamine- induced headache
 - 4.1.7.1 Immediate histamine-induced headache
 - 4.1.7.2 Delayed histamine- induced headache
 - 4.1.8 Calcitonin gene –related peptide (CGRP)- induced headache
 - 4.1.8.1 Immediate CGRP- induced headache
 - 4.1.8.2 Delayed CGRP –induced headache

4. Headache attributed to a substance or its withdrawal

- 4.1.8 Headache attributed to exogenous acute pressor agent
- 4.1.9 Headache attributed to occasional use of non – headache medication
- 4.1.10 Headache attributed to long-term use of non-headache medication
- 4.1.11 Headache attributed to use of or exposure to other substance
- 4.2 Medication-overuse headache (MOH)
 - 4.2.1 Ergotamine-overuse headache
 - 4.2.2 Triptan – overuse headache
 - 4.2.3 Non- opioid analgesic – overuse headache
 - 4.2.3.1 Paracetamol (acetaminophen) – overuse headache
 - 4.2.3.2 Non-steroidal anti- inflammatory drug (NSAID)- overuse headache
 - 4.2.3.2.1 Acetylsalicylic acid – overuse headache
 - 4.2.3.3 Other non-opioid analgesic-overuse headache
 - 4.2.4 Opioid- overuse headache
 - 4.2.5 Combination-analgesic- overuse headache
 - 4.2.6 Medication- overuse headache attributed to multiple drug classes not individually overused
 - 4.2.7 Medication – overuse headache attributed to unspecified or unverified overuse of multiple drug classes
 - 4.2.8 Medication – overuse headache attributed to other medication

4. Headache attributed to a substance or its withdrawal

4.3 Headache attributed to substance withdrawal

- 4.3.1 Caffeine-withdrawal headache
- 4.3.2 Opioid- withdrawal headache
- 4.3.3 Oestrogen – withdrawal headache
- 4.3.4 Headache attributed to withdrawal from chronic use of other substance

5. Headache attributed to infection

5.1 Headache attributed to intracranial infection

5.1.1 Headache attributed to bacterial meningitis or meningoencephalitis

5.1.1.1 Acute headache attributed to bacterial meningitis or meningoencephalitis

5.1.1.2 Chronic headache attributed to bacterial meningitis or meningoencephalitis

5.1.1.3 Persistent headache attributed to past bacterial meningitis or meningoencephalitis

5.1.2 Headache attributed to viral meningitis or encephalitis

5.1.2.1 Headache attributed to viral meningitis

5.1.2.2 Headache attributed to viral encephalitis

5.1.3 Headache attributed to intracranial fungal or other parasitic infection

5.1.3.1 Acute headache attributed to intracranial fungal or other parasitic infection

5.1.3.2 Chronic headache attributed to intracranial fungal or other parasitic infection

5. Headache attributed to infection

5.2 Headache attributed to systemic infection

5.2.1 Headache attributed to systemic bacterial infection

5.2.1.1 Acute headache attributed to systemic bacterial infection

5.2.1.2 Chronic headache attributed to systemic bacterial infection

5.2.2 Headache attributed to systemic viral infection

5.2.2.1 Acute headache attributed to systemic viral infection

5.2.2.2 Chronic headache attributed to systemic viral infection

5.2.3 Headache attributed to other systemic infection

5.2.3.1 Acute headache attributed to other systemic infection

5.2.3.2 Chronic headache attributed to other systemic infection

6. Headache attributed to disorder of homoeostasis

- 6.1 Headache attributed to hypoxia and/or hypercapnia
 - 6.1.1 High-altitude headache
 - 6.1.2 Headache attributed to aeroplane travel
 - 6.1.3 Diving Headache
 - 6.1.4 Sleep Apnoea Headache
- 6.2 Dialysis Headache
- 6.3 Headache attributed to arterial hypertension
 - 6.3.1 Headache attributed to phaeochromocytoma
 - 6.3.2 Headache attributed to hypertensive crisis without hypertensive encephalopathy
 - 6.3.3 Headache attributed to hypertensive encephalopathy
 - 6.3.4 Headache attributed to pre-eclampsia or eclampsia
 - 6.3.5 Headache attributed to autonomic dysreflexia
- 6.4 Headache attributed to hypothyroidism
- 6.5 Headache attributed to fasting
- 6.6 Cardiac cephalgia
- 6.7 Headache attributed to other disorder of homoeostasis