

SURREY HEADACHE SERVICE

CLUSTER HEADACHE

- Cluster headache is also known as ‘alarm clock headache’.
- The ‘attack’ refers to the individual headache.
- The ‘cluster’ refers to the attacks which occur on consecutive days for a period of time.
- Between clusters, there is an attack-free period of remission generally lasting months or years.

Classically, the features are as follows;

- Duration of symptoms between 30 minutes and 2 hours.
- One attack occurring at the same time every night, which wakes the sufferer from sleep, hence the name ‘alarm clock headache’.
- The attacks come in clusters lasting for 6-8 weeks.

However, other people experience a different pattern;

- There may be more than one attack every 24 hours.
- The attack may last for more than 2 hours.
- The cluster may last for more than 8 weeks.

- A few people experience a chronic form of the condition in which the period of remission is less than two weeks per year.
- The condition is more common in males than females.
- Some people have a family history of cluster headache.
- It can begin at any age, most commonly in the 30’s, 40’s or 50’s.

Typical symptoms of an attack include;

- Severe pain in or around one eye which is often referred to as being a ‘neuralgic’ pain. The pain often makes the sufferer pace around and want to bang their head against a wall.
- Blockage and watering of the nostril on the side of the pain.
- A red and watering eye.
- A drooping eyelid.

Other symptoms such as sensitivity to light and sound or feeling sick may also be experienced.

TREATMENT

Acute

i.e. taken at the beginning of an attack to reduce its duration.

Oral painkillers are generally ineffective because of the rapid onset and limited duration of the pain and have little part to play in the treatment of attacks.

Alternatives which can help to bring an attack to a close include;

- inhalation of 100% oxygen during the first ten minutes of an attack, but this may be inconvenient as it requires the availability of a bulky cylinder at home / at work / in the car,
- an injection of Imigran (Sumatriptan) which can be self-administered,

Preventative.

i.e. taken on a regular basis to cut short or prevent a cluster.

- Avoidance of smoking and intake of alcohol and caffeine during a cluster, as these can trigger an attack.
- A short course of a steroid such as prednisolone taken daily can help to bring a cluster to an end.
- Verapamil.
- Topiramate / Gabapentin / Epilim.
- Lithium carbonate. Blood levels must be monitored regularly.
- Methysergide / Deseril. This should not be taken for more than six months at a time.

FURTHER INFORMATION

Although cluster headache and migraine are different conditions, sufferers of cluster headache can join the Migraine Action Association, within which there is a 'Cluster Network'. They can supply you with more information on topics such as oxygen therapy.

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