The Royal London Hospital (Barts Health NHS Trust) and Basildon and Thurrock University Hospitals

Department of Neurology
Headache Clinic
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Cluster Headache Diagnosis - ICHD-2

TO BE USED IN CONJUNCTION WITH NICE GUIDANCE

Treatment of Acute episodes - options

1. Sumatriptan 6 mg (4 mg if not tolerated) s/c [1] (PC)
2. 100 % Oxygen at 15 l/min with non-rebreather mask [2] (PC)
   If 1 and 2 not useful or contraindicated, consider
3. Zolmitriptan (if no CI for triptans) nasal spray 5 or 10mg [3] (PC)
4. Intranasal xylocaine spray 1 ml 10% solution [4] (OL)
5. Octreotide 100 micrograms s/c [5] (PC)

Preventive treatment – options

1. Verapamil starting at 80 mg BD, increasing by 80 mg weekly until 160 mg BD. Maximum 760 mg/day [6] (PC)
2. Greater occipital nerve block (GON) with 2 ml 2% lidocaine and 80 mg methyl prednisolone (short term prevention only often allowing time for full effect of another preventive) [7] (OL)
3. Lithium carbonate maximum 1200 mg in a day. Will need shared-care with GP [8 - compared with Verapamil]
4. Prednisolone 60 mg/day for 7 days, then taper off by 10 mg/day - not preferred due to side-effects and lack of controlled data. Can use for short-term effect like GON [9] (OL)

Other options if above not useful –

6. Topiramate maximum 200 mg in a day. Can also be used as add-on to another mainline preventive [11] (OL)
7. Sodium valproate maximum 2 g in a day [12] (OL)
8. Melatonin maximum 10 mg in a day [13] (OL)

For refractory chronic cluster headache, consider in-patient treatment for a 5 day course of IV dihydroergotamine (DHE) [14 ] (OL), Occipital Nerve stimulator [15] or Deep Brain Stimulation [16]
References -


