

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Neurology # 1 – CLUSTER HEADACHE

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: male >30; small amounts of vasodilators (alcohol, nitroglycerin); previous head trauma or surgery

Signs & Symptoms:

- ✓ sudden onset of severe headache
- ✓ reaches crescendo within 15 minutes; lasts < 3 hours
- ✓ pain is: unilateral, oculotemporal or oculofrontal; described as severe, piercing, boring, exploding or penetrating
- ✓ ipsilateral ptosis and miosis
- ✓ lacrimation; injected conjunctiva; ptosis, rhinorrhea
- ✓ bradycardia; perspiration; restlessness; agitation; nausea
- ✓ attacks may occur at the same time for consecutive days

Diagnosis:

- ✓ history and physical
- ✓ lab not useful except to rule out differential diagnosis; imaging generally of little value
- ✓ differential diagnosis: other head and neck pathology; migraine; temporal arteritis; trigeminal and other facial neuralgias; chronic paroxysmal hemicranias; pheochromocytoma

Therapies:

- ✓ during cluster periods: avoid alcohol, bright lights, stress
- ✓ avoid narcotic analgesics, tobacco
- ✓ medications: acute attacks: oxygen 100%; sumatriptan; dihydroergotamine; prophylaxis: verapamil; lithium; ergotamine; prednisone; sodium valproate; clonidine; topiramate; indomethacin; nifedipine
- ✓ surgery: radiofrequency trigeminal gangliolysis in carefully selected patients with strictly unilateral attacks

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____
