Appendix 6.3

Diagnostic Criteria for Selected Primary Headache Types from the International Classification of Headache Disorders, 3rd Edition (ICHD-III Beta)

1.1 Migraine without aura

Previously used terms:
Common migraine; hemicrania simplex.

Description:
Recurrent headache disorder manifesting in attacks lasting 4-72 hours. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

Diagnostic criteria:
A. At least five attacks[1] fulfilling criteria B-D
B. Headache attacks lasting 4-72 hr (untreated or unsuccessfully treated)[2;3]
C. Headache has at least two of the following four characteristics:

1. unilateral location
2. pulsating quality
3. moderate or severe pain intensity
4. aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)

D. During headache at least one of the following:

1. nausea and/or vomiting
2. photophobia and phonophobia

E. Not better accounted for by another ICHD-3 diagnosis.

Notes:
1. One or a few migraine attacks may be difficult to distinguish from symptomatic migraine-like attacks. Furthermore, the nature of a single or a few attacks may be difficult to understand. Therefore, at least five attacks are required. Individuals who otherwise meet criteria for 1.1 Migraine without aura but have had fewer than five attacks should be coded 1.5.1 Probable migraine without aura.
2. When the patient falls asleep during migraine and wakes up without it, duration of the attack is reckoned until the time of awakening.
3. In children and adolescents (aged under 18 years), attacks may last 2-72 hours (the evidence for untreated durations of less than two hours in children has not been substantiated).

2.2 Frequent episodic tension-type headache

Description:
Frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

Diagnostic criteria:
A. At least 10 episodes of headache occurring on 1-14 days per month on average for >3 months (≥12 and <180 days per year) and fulfilling criteria B-D
B. Lasting from 30 min to 7 days
C. At least two of the following four characteristics:

1. bilateral location
2. pressing or tightening (non-pulsating) quality
3. mild or moderate intensity
4. not aggravated by routine physical activity such as walking or climbing stairs

D. Both of the following:

1. no nausea or vomiting
2. no more than one of photophobia or phonophobia

E. Not better accounted for by another ICHD-3 diagnosis.

Comments:
2.2 Frequent episodic tension-type headache often coexists with 1.1 Migraine without aura. Coexisting tension-type headache in migraineurs should preferably be identified through use of a diagnostic headache diary. The treatment of migraine differs considerably from that of tension-type headache, and it is important to educate patients to distinguish between these headache types if they are to select the right treatment for each whilst avoiding medication overuse and its adverse consequence of 8.2 Medication-overuse headache.

When headache fulfils criteria for both 1.5 Probable migraine and 2. Tension-type headache, code as 2. Tension-type headache (or as any subtype of it for which the criteria are fulfilled) under the general rule that definite diagnoses always trump probable diagnoses. When headache fulfils criteria for both 1.5 Probable migraine and 2.4 Probable tension-type headache, code as the former under the general rule of hierarchy, which puts 1. Migraine and its subtypes before 2. Tension-type headache and its subtypes.

4.7 Primary stabbing headache

Previously used terms:
Ice-pick pains; jabs and jolts; needle-in-the-eye syndrome; ophthalmodynia periodica; sharp short-lived head pain.

Description:
Transient and localized stabs of pain in the head that occur spontaneously in the absence of organic disease of underlying structures or of the cranial nerves.

Diagnostic criteria:
A. Head pain occurring spontaneously as a single stab or series of stabs and fulfilling criteria B-D
B. Each stab lasts for up to a few seconds
C. Stabs recur with irregular frequency, from one to many per day
D. No cranial autonomic symptoms
E. Not better accounted for by another ICHD-3 diagnosis.

Comments:
Studies show 80% of stabs last three seconds or less; rarely, stabs last for 10-120 seconds. Attack frequency is generally low, with one or a few per day. In rare cases, stabs occur repetitively over days, and there has been one description of status lasting one week.

4.7 Primary stabbing headache involves extratrigeminal regions in 70% of cases. It may move from one area to another, in either the same or the opposite hemicranium: in only one third of patients it has a fixed location. When stabs are strictly localized to one area, structural changes at this site and in the distribution of the affected cranial nerve must be excluded.

A few patients have accompanying symptoms, but not including cranial autonomic symptoms. The latter help to differentiate 4.7 Primary stabbing headache from 3.3 Short-lasting unilateral neuralgiform headache attacks.

4.7 Primary stabbing headache is more commonly experienced by people with 1. Migraine, in which cases stabs tend to be localized to the site habitually affected by migraine headaches.

13.4 Occipital neuralgia

Description:
Unilateral or bilateral paroxysmal, shooting or stabbing pain in the posterior part of the scalp, in the distribution of the greater, lesser or third occipital nerves, sometimes accompanied by diminished sensation or dysaesthesia in the affected area and commonly associated with tenderness over the involved nerve(s).

Diagnostic criteria:
A. Unilateral or bilateral pain fulfilling criteria B-E
B. Pain is located in the distribution of the greater, lesser and/or third occipital nerves
C. Pain has two of the following three characteristics:

1. recurring in paroxysmal attacks lasting from a few seconds to minutes
2. severe intensity
3. shooting, stabbing or sharp in quality

D. Pain is associated with both of the following:

1. dysaesthesia and/or allodynia apparent during innocuous stimulation of the scalp and/or hair
2. either or both of the following:

    a) tenderness over the affected nerve branches
    b) trigger points at the emergence of the greater occipital nerve or in the area of distribution of C2

E. Pain is eased temporarily by local anaesthetic block of the affected nerve
F. Not better accounted for by another ICHD-3 diagnosis.

Comments:
The pain of 13.4 Occipital neuralgia may reach the fronto-orbital area through trigeminocervical interneuronal connections in the trigeminal spinal nuclei.

13.4 Occipital neuralgia must be distinguished from occipital referral of pain arising from the atlantoaxial or upper zygapophyseal joints or from tender trigger points in neck muscles or their insertions.