
International Headache Society criteria (IHC-2003) What will be change in the primary headaches classification?

Critérios da Sociedade Internacional de Cefaléia (IHC-2003) O que vai mudar na classificação das cefaléias primárias?

Elcio Juliato Piovesan,^{1,2} Pedro André Kowacs¹

*¹Unidade de Cefaléia, especialidade de Neurologia do Departamento de Clínica Médica do Hospital de Clínicas da Universidade Federal do Paraná, Curitiba-PR, Brasil
²Jefferson Headache Center, Department of Neurology, Thomas Jefferson University, Philadelphia-PA, USA*

INTRODUCTION

Headache is one of the most common medical complaints of humankind, accounting for more than 18 million outpatient visits per year in the United States.¹ Over 1% of physician's office visits and emergency department are primarily for headaches.² History taking is considered to be the key for diagnosing headaches. Pain and associated symptoms are subjective and must be described by the patient. Since patients are not always good historians, clinicians will need to spend time taking a precise history.³

In 1988 the International Headache Society (IHS) introduced a new diagnostic criteria for headache disorders (Headache Classification of the International Headache Society, 1988).³ The first paper published after this classification was from Spain group that studied the influence of the flunarizine (Sibelium®) in the prophylaxis of migraine.⁴ After this initial paper many others were published utilizing this classification. Further gathered information and the identification of new headaches lead to several proposals for additions and changes in the initial IHS classification.

The second edition of the International Headache Classification (IHC-2003), like the first one, is intended to be used for both research and clinical practice. The IHS divides headaches into two broad categories: the primary headaches disorders (categories 1-4), which include

migraine, tension-type headache, trigeminal autonomic cephalalgias (TACs), and other primary headaches, and headaches attributed to secondary disorders (categories 5-14). The IHS classification represents an enormous step forward in the codification of headache. Systematic scientific classification of primary headaches is inexact. Because the disorders lack diagnosis markers, their diagnosis relies only on clinical features, although the IHS classification has created relatively homogenous clinical groups for pathophysiological and therapeutic studies. The IHS criteria have been translated into many languages (including Portuguese language) and have been the basis for clinical trials and epidemiological researches since 1990. Probably the new IHS classification will be presented to the medical community at the next IHS meeting, September 2003, to be held in Rome.

WHAT HAS CHANGED?

When you read the new classification you will see profound changes in different kinds of headaches, but the new classifications is much closer to the reality of daily practice with headache patients. From migraine to cranial neuralgias and facial pain secondary to central causes we will find many new criteria, new types of headaches and inclusive a new group (headache attributed to psychiatric disorders).

Changes in migraine classification (1)

For migraine with aura two new subtypes were introduced, as follows: the typical aura with non-migraine headache; and sporadic hemiplegic migraine (Table 2). Migraine with prolonged aura moved from migraine with aura item (1.2) to complications of migraine (1.5) and received the name persistent aura without infarction. Migraine with acute onset aura was excluded (Table 1). The Childhood periodic syndromes that are commonly precursors of migraine (1.5) was moved to type 1.3 and received two additional subtypes (1.3.1 cyclical vomiting and 1.3.2 abdominal migraine). Alternating hemiplegia of childhood was excluded (1.5.2). In the group migraine the type ophthalmoplegic migraine (1.3) was excluded. The item that received the most important changes was “Complications of Migraine”.

Chronic Daily Headache (CDH) is common enough to be considered a public health problem that demands rigorous epidemiological, pathophysiological and therapeutic studies. The migraine can suffer an important transformation that could be induced by repeated attacks of migraine and tension type-headache, especially under circumstances that include drug overuse such as: codeine, hydrocodone, butalbital, ergotamine preparations, and triptans.⁵ This condition is known as transformed migraine, but in the new classification we will design it as chronic migraine (Table 3). Chronic migraine was for the first time designed by Manzoni et al,⁶ and received the first criteria diagnostics by Silberstein and Lipton.⁷ Another subtype that was included in the new classification is the migraine-triggered seizure (1.5.5) (Table 3).

In Tension-type headache classification (2)

In tension-type headache the terms “infrequently” and “frequently” were introduced in new classification. The classification on the association or not with disorder in pericranial tenderness remained (Table 4). When the patient has < 1 day per month (or <12 days per year) we will call it infrequent episodic tension-type headache. When the patient has > 1 day per month and < 15 days per month for at least 3 months (more than or equal to 12 days and less than 180 days per year) we will call it frequent episodic tension-type headache. Finally when the patient has > 15 days per month for at least 3 months period (> 180 days per year) the patient receives the diagnostic of chronic tension-type headache.

In Cluster headache and other trigeminal-autonomic cephalalgias classification (3)

In this group the paroxysmal hemicrania was subdivided in two subtypes: episodic paroxysmal hemicrania; and chronic paroxysmal hemicrania (Table 5). The Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT syndrome) was included in this group (Table 5). Hemicrania continua

expected to be included in this group but for the new classification the hemicrania continua was moved to the other primary headaches group.

In other primary headaches (4)

This group in the last classification (1988) was called as Miscellaneous headaches unassociated with structural lesion. The expression “idiopathic” from Idiopathic stabbing headache (4.1) was substituted by Primary stabbing headache. In the same way, the term “benign” from Benign cough headache (4.4) and Benign exertional headache were changed to “primary”, so the new terms are Primary cough headache (4.2) and Primary exertional headache (4.3). The headache associated with sexual activity now is called as Primary headache associated with sexual activity (4.4) and was subdivided in two new subtypes: Preorgasmic headache (4.4.1); and orgasmic headache (4.4.2) (Table 6).

The hypnic headache (4.5) was included in this group, together with Primary thunderclap headache (4.6) (Table 6). Hemicrania continua although has autonomic symptoms and is indomethacin responsive was also included in this group (Table 7).

The new daily persistent headache during the process to the elaboration of the new classification has passed through different subgroups (2) and finally was included in this subgroup (4) (Table 7).

CONCLUSIONS AND FUTURE OF THE INTERNATIONAL HEADACHE CLASSIFICATION – 2003

The knowledge obtained since 1988 classification allowed the good standardizing of the headaches in the IHC-2003. In the primary headaches 12 new subtypes of headaches were included, by the other way some were excluded (Table 8). The headache classifications is a continuum, and new criteria are continuously being proposed. At the end of a period of new discoveries, a set of clinical observations may lay new criteria, but will never determine the true of the headaches. As professor Sjaastad took “We need to dissect the history of headache patient in the minimal details before that we could determine the exact nature of this”. In the last years, some new aspects of the headaches have emerged but not were included because more experience with them is needed. This including aura in cluster headache,⁸ hemicrania episodic, hemicrania chronic, and hemicrania continua. Some manifestations in migraine such as allodynia, during the attacks or without attacks, neck muscles contractions, burning sensations, and stabbing symptoms also has been described.⁹ Allodynia also occurs in other headaches, such as cluster headache.

The International Headache Classification (2003) is a major step forward in the codification of headache for the

next clinical, epidemiological or pharmaceutical researches. This new classification intends to include all the experience

gained on the understanding of the headaches in the last 15 years in a single paper.

Table 1
Criteria diagnosis for migraine from 1988 to 2003 classification

| 1988 – Classification | 2003 – Classification |
|--|---|
| 1.1 Migraine without aura | 1.1 Migraine without aura |
| 1.2 Migraine with aura | 1.2 Migraine with aura |
| 1.2.1 Migraine with typical aura | 1.2.1 Typical aura with migraine headache |
| 1.2.2 Migraine with prolonged aura | 1.2.2 Typical aura with non-migraine headache |
| 1.2.3 Familial hemiplegic migraine | 1.2.3 Typical aura without headache |
| 1.2.4 Basilar migraine | 1.2.4 Familial hemiplegic migraine |
| 1.2.5 Migraine aura without headache | 1.2.5 Sporadic hemiplegic migraine |
| 1.2.6 Migraine with acute onset aura | 1.2.6 Basilar type migraine |
| 1.5 Childhood periodic syndromes that may be precursors to or associated with migraine | 1.3 Childhood periodic syndromes that are commonly precursors of migraine |
| 1.5.1 Benign paroxysmal vertigo of childhood | 1.3.1 Cyclical vomiting |
| 1.5.2 Alternating hemiplegia of childhood | 1.3.2 Abdominal migraine |
| | 1.3.3 Benign paroxysmal vertigo of childhood |
| 1.4 Retinal migraine | 1.4 Retinal migraine |
| 1.6 Complications of migraine | 1.5 Complications of migraine |
| 1.6.1 Status migranosus | 1.5.1 Chronic migraine |
| 1.6.2 Migrainous infarction | 1.5.2 Status migranosus |
| | 1.5.3 Persistent aura without infarction |
| | 1.5.4 Migrainous infarction |
| | 1.5.5 Migraine triggered seizures |
| 1.7 Migrainous disorder not fulfilling above criteria | 1.6 Probable migraine |
| | 1.6.1 Probable migraine without aura |
| | 1.6.2 Probable migraine with aura |
| 1.3 Ophthalmoplegic migraine | It was excluded. |

Table 2
New criteria for typical aura with non-migraine headache and sporadic hemiplegic migraine

1.2.2. Typical aura with non-migraine headache

Diagnostic criteria:

- A. At least two attacks fulfilling criteria B-E
- B. Fully reversible visual and/or sensory and/or speech symptoms but no motor weakness
- C. Homonymous or bilateral visual symptoms including positive features (i.e. flickering, lights, spots, lines) or negative features (i.e. loss of vision) and/or unilateral sensory symptoms including positive features (i.e. visual loss, pins, and needles) and/or negative features (i.e. numbness).
- D. At least 1 of 2:
 - 1. At least one symptom develops gradually over > 5 minutes and/or different symptoms occur in succession
 - 2. Each symptom last > 5 minutes and < 60 minutes
- E. Headache that does not meet criteria B-D for migraine without aura (1.1) begins during the aura or follow aura within 60 minutes
- F. Not attributed to another disorder

1.2.5. Sporadic hemiplegic migraine

Diagnostic criteria:

- A. At least 2 attacks fulfilling B-D
- B. Fully reversible motor weakness and at least one of the following other aura symptoms: visual, sensory or speech disturbance
- C. At least two of the following:
 - 1. At least one aura symptom develops gradually over > 5 minutes and/or different symptoms occur in succession
 - 2. Each aura symptom lasts less than 24 hours
 - 3. Headache that meets criteria B-D for migraine without aura (1.1) begins during the aura or follows aura within 60 minutes
- D. No first or second degree relative has migraine attacks with aura including motor weakness
- E. Not attributed to another disorder

Table 3
Complication of migraine (1.5) chronic migraine (1.5.1) and migraine-triggered seizure (1.5.5)

1.5.1. Chronic migraine

Diagnostic criteria:

- A. Average migraine frequency > 15 days/month for > 3 months fulfilling B-D
- B. Some attacks fulfill criteria for 1.1 (migraine without aura)
- C. No overuse of acute medication
- D. Not attributed to another disorder

1.5.5. Migraine-triggered seizure

Diagnostic criteria:

- A. Migraine fulfilling 1.3
- B. A seizure fulfilling diagnostic criteria for one type of epileptic attack occurs during or within 1 hour after a migraine aura

Table 4
Tension-type headache classification

2.1 Infrequent episodic tension-type headache

- 2.1.1 Associated with disorder of pericranial tenderness
- 2.1.2 Not associated with disorder of pericranial tenderness

2.2 Frequent episodic tension-type headache

- 2.2.1 Associated with pericranial tenderness
- 2.2.2 Not associated with pericranial tenderness

2.3 Chronic tension-type headache

- 2.3.1 Associated with pericranial tenderness
- 2.3.2 Not associated with pericranial tenderness

Table 5
Paroxysmal hemicrania and SUNCT syndrome classification

3.2. Paroxysmal hemicrania

Diagnostic criteria:

- A. At least 20 attacks fulfilling B-D
- B. Attacks of severe unilateral orbital, supraorbital, or temporal pain lasting 2 to 30 minutes
- C. Attacks frequency above 5 a day for more than half of the time, although periods with lower frequency may occur
- D. Pain is associated with at least one of the following signs/symptoms on the pain side:
 1. Conjunctival injection, lacrimation, or both
 2. Nasal congestion, or rhinorrhea, or both
 3. Eyelid oedema
 4. Forehead and facial sweating
 5. Miosis, or ptosis, or both
- E. Headache is stopped completely by indomethacin
- F. Not attributed to another disorder

3.2.1. Episodic paroxysmal hemicrania

Diagnostic criteria:

- A. All alphabetic headings of 3.2
- B. At least 2 periods of headache lasting (untreated patients) from 7 days to one year and separated by remissions of at least one month

3.2.2. Chronic paroxysmal hemicrania

Diagnostic criteria:

- A. All alphabetical headings of 3.2
- B. Absence of remission phases for one year or more or with remissions lasting less than one month

3.3. SUNCT syndrome

Diagnostic criteria:

- A. At least 20 attacks fulfilling B-E
- B. Attacks of unilateral orbital, supraorbital, or temporal, stabbing, or throbbing pain lasting from 5-240 secs
- C. Attack frequency from 3 to 200/day
- D. Pain is associated with conjunctival injection and lacrimation
- E. Not attributed to another disorder

Table 6
Primary headache associated with sexual activity (4.4), hypnic headache (4.5) and thunderclap headache (4.6)

4.4 Primary headache associated with sexual activity (4.4)

4.4.1. Preorgasmic headache

Diagnostic criteria:

- A. A dull ache in the head and neck usually bilateral and associated with awareness of neck and/or jaw muscle contraction
- B. Occurs during sexual activity and increases with excitement
- C. Not attributed to another disorder

4.4.2. Orgasmic headache

Diagnostic criteria:

- A. Sudden severe ("explosive") headache
- B. The headache occurs at orgasm
- C. Not attributed to another disorder

4.5. Hypnic headache

Diagnostic criteria:

- A. Headache has onset during and awakens patient from sleep, and does not occur at other times
- B. Headache has at least two of the following characteristics:
 - 1. Occurs > 15 times per month
 - 2. Lasts at least 15 minutes after waking
 - 3. Onset after age 50
- C. No autonomic symptoms
- D. No more than one of the following:
 - 1. Nausea
 - 2. Photophobia
 - 3. Phonophobia
- E. Not attributed to another disorder

4.6. Primary Thunderclap headache

Diagnostic criteria:

- A. Head pain is very severe and of sudden onset reaching maximum intensity in < one minute
 - B. Pain lasts 1 hour to 10 days
 - C. Headache may recur within the first week after onset, but does not recur regularly over subsequent weeks or months
 - D. Not attributed to another disorder: normal CSF and normal brain imaging are required
-

Table 7
Hemicrania continua (4.7) and new daily persistent headache (4.8) classification criteria

4.7 Hemicrania continua

Diagnostic criteria:

- A. Headache present for at least 2 months fulfilling criteria B-E
- B. Unilateral headache without side shift
- C. Pain has the following qualities:
 - 1. Daily and without pain free periods
 - 2. Moderate severity but with exacerbations when it becomes severe
- D. Complete response to indomethacin
- E. At least one of the following autonomic features in association with exacerbations of pain on the affected side:
 - 1. Conjunctival injection and/or rhinorrhea
 - 2. Nasal congestion and/or rhinorrhea
 - 3. Ptosis and/or miosis
- F. Not attributed to another disorder

4.8 New daily persistent headache

Diagnostic criteria:

- A. Headache with acute onset (within 24 hours) fulfilling criteria B-F)
 - B. The headache is present > 15 days per month for at least 3 months
 - C. At least 2 of the following pain characteristics:
 - 1. Pressing/tightening (non-pulsating) quality
 - 2. Mild or moderate intensity (may inhibit, but does not prohibit activities)
 - 3. Bilateral location
 - 4. No aggravation by walking stairs or similar routine physical activity
 - D. Both of the following:
 - 1. No more than one of the following: photophobia, phonophobia or mild nausea
 - 2. No moderate or severe nausea and no vomiting
 - E. Use of analgesics or other acute medication on < 10 days per month
 - F. Not attributed to another disorder
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Table 8
Headaches that were included in the new classifications

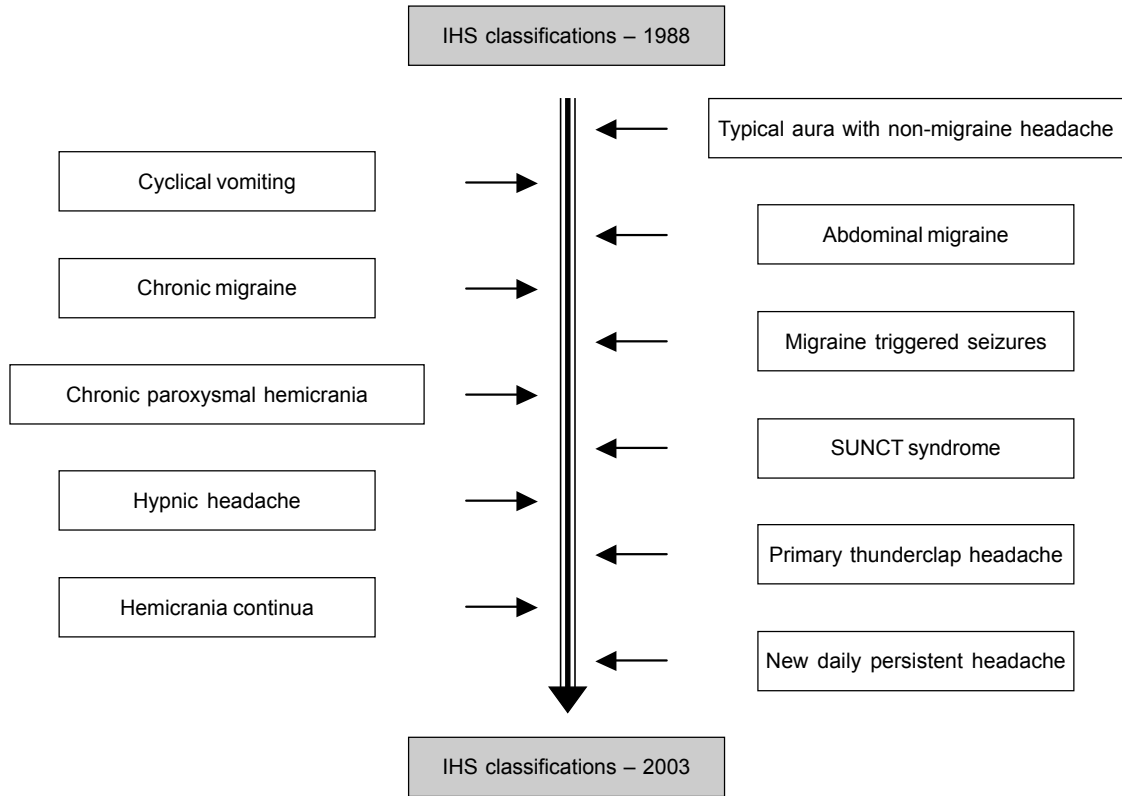
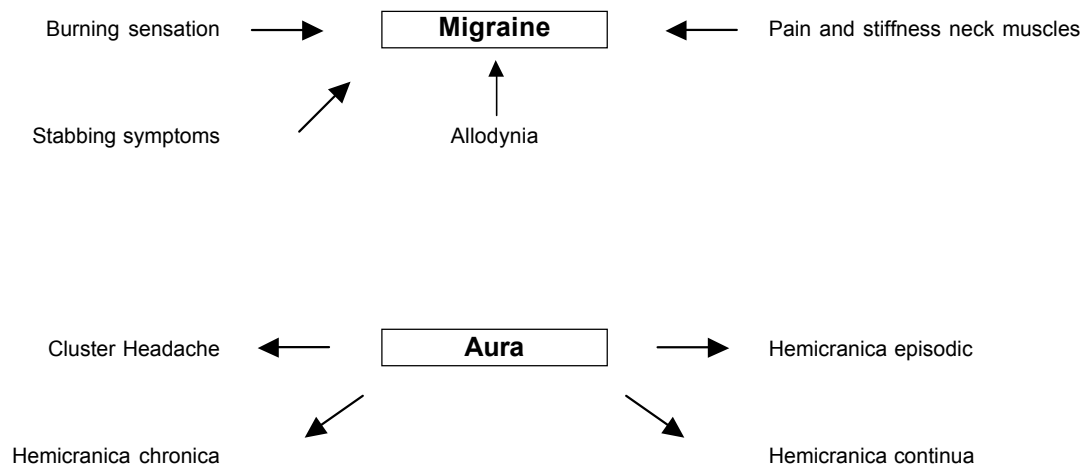


Table 9
Some clinical features found in the headaches that were not included in the IHC – 2003



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Endereço para correspondência
Dr. Elcio Juliato Piovesan
Rua Jorge Manços do Nascimento Teixeira, 868
83005-500 – São José dos Pinhais-PR
e-mail: piovesan1@hotmail.com ou
piovesan@avalon.sul.com.br