



Orange County Migraine & Headache Center

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Cluster Headache-Patient Hand-out

This is a relatively rare headache disorder, affecting only .1% of the adult population. Unlike migraines, cluster headache tends to occur in men. The pain of this headache is often so severe that it is sometimes called the “suicide” headache. The name cluster comes from the pattern of the headache: it tends to occur in clusters, often affecting the sufferer with multiple headaches in the same day. It often wakes up the person at 1-3 am. Then, the headache may go away for weeks, months or even years. Characteristics include: one-sided watery eye & nasal congestion, and excruciating pain around 1 eye-described as a piercing pain. During an attack, the cluster headache patient is often extremely agitated-pacing around; sometimes working out to lessen the pain. (This is in contrast to the migraine headache patient who prefers a quiet dark room). This is the only type of headache more common in men than women.

Trigger factors include alcohol, histamine, or nitroglycerin; all cause dilation of blood vessels.

The cause is not known for certain, but thought to be due to problems with the hypothalamus part of the brain.

Treatment options may include:

1. Sumatriptan (Imitrex) injection
2. DHE Injection (can also be given IV-intravenously)
3. Oxygen 7-10 liters with mask for 10-15 minutes
4. GammaCore Device (non-invasive vagal nerve stimulator)
5. Steroids (high dose for short time, then tapered off)
6. Preventive medication during a “cluster” period such as steroids or calcium channel blockers. The most commonly used calcium channel blocker for cluster prevention is Verapamil. Topamax is also used for prevention.
7. Occipital nerve blocks with bupivacaine (topical anesthetic) and small amount of steroid; can be injected on same side of cluster. Is an in-office procedure.
8. Emgality injection for prevention expected approval by July 2019

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