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**The hypnic headache syndrome: the first description of an Italian case**

Sir: The hypnic headache syndrome was first described by Raskin [1] in 1988 as a headache which awakens elderly people from sleep almost every night and which responds to lithium therapy. As of 1998, the total number of published cases was 41. In 1999, no new cases of hypnic headache were reported.

Between 1998 and 1999, we identified and evaluated an additional case of hypnic headache [2]. Our patient, a 72-year-old woman, experienced diffuse, sharp, moderately severe headaches for a period of one year. The headaches awakened her almost every night between 2:00 a.m. and 3:00 a.m. and lasted 30–40 minutes. There were no associated autonomic features. The headaches never awakened her from a daily afternoon nap. Her general medical and neurologic

examinations were unremarkable. Computed tomography (CT) and magnetic resonance imaging (MRI) of the head were normal, as were complete blood count and blood chemistries, but erythrocyte sedimentation rate that was slightly elevated (40 mm/h). A temporal artery biopsy was negative. The patient was taking verapamil (120 mg per day) for mild essential hypertension. She had previously been treated with ibuprofen, piroxicam, indomethacin and methylprednisolone without any relief of her headaches. We established a treatment plan of 300 mg lithium carbonate at bedtime, and the headaches markedly improved. After the dose was increased to 450 mg, headaches almost totally ceased, without any significant side effect. Curiously, the patient herself had noticed that the intake of a cup of coffee at bedtime was helpful, since the headaches seemed to be more tolerable. On the basis of this observation we recommended that the patient regularly take a cup of caffeinated coffee in the late evening, together with lithium carbonate. The headaches afterwards abated. No sleep pattern disruption was noted.

In summary, our patient was diagnosed with hypnic headache syndrome according to the criteria suggested by Goadsby and Lipton [3] in

1997. This is the first case described in Italy. We confirm that lithium carbonate at bedtime appears to be a first-choice treatment, at relatively low doses. A possible prophylactic action of caffeine is interesting and noteworthy, as observed also by other authors [4].

**References**

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