### **MEETING ABSTRACT**



# EHMTI-0139. Field-testing of the ICHD-3 beta diagnostic criteria for classical trigeminal neuralgia

S Maarbjerg<sup>1\*</sup>, MT Sørensen<sup>2</sup>, A Gozalov<sup>1</sup>, L Bendtsen<sup>1</sup>, J Olesen<sup>1</sup>

*From* 4th European Headache and Migraine Trust International Congress: EHMTIC 2014 Copenhagen, Denmark. 18-21 September 2014

#### Introduction

In the summer of 2013 the International Headache Society (IHS) published the beta-version of the 3rd International Classification of Headache Disorders (ICHD-3 beta) with revised diagnostic criteria for classical trigeminal neuralgia (TN). The TN diagnostic criteria are based on expert opinion and IHS strongly encourages field-testing of the new diagnostic criteria.

#### Aims

We aimed to field-test ICHD-3 beta diagnostic criteria for TN by comparing sensitivity and specificity to ICHD-2 criteria, and evaluate needs for revision.

#### Methods

Clinical characteristics were systematically and prospectively collected from 206 consecutive TN patients and from 37 consecutive patients with persistent idiopathic facial pain in a cross-sectional study design. We used a modified version of the 2nd International Classification of Headache Disorders (ICHD-2) to allow for sensory abnormalities. Symptomatic trigeminal neuralgia and posttraumatic painful trigeminal neuropathy were excluded based on a thorough history and 3.0 Tesla MRI.

#### Results

The specificity of ICHD-3 beta was similar to ICHD-2 (97.3% vs. 89.2%, p = 0.248) and the sensitivity was unchanged (76.2% vs. 74.3%, p = 0.134). The majority of false negative diagnoses in TN patients were due to sensory abnormalities. With a proposed modified version of ICHD-3 beta it was possible to increase sensitivity to

<sup>1</sup>Danish Headache Center Department of Neurology, Glostrup Hospital University of Copenhagen, Glostrup, Denmark Full list of author information is available at the end of the article 96.1% (p < 0.001 compared to ICHD-3 beta) while maintaining a specificity at 83.8% (p = 0.074 compared to ICHD-3 beta).

#### Conclusions

ICHD-3 beta was not significantly different from ICHD-2 and both lacked sensitivity. A modification of the criteria improved the sensitivity greatly and is proposed for inclusion in the forthcoming ICHD-3.

No conflict of interest.

#### Authors' details

<sup>1</sup>Danish Headache Center Department of Neurology, Glostrup Hospital University of Copenhagen, Glostrup, Denmark. <sup>2</sup>Faculty of Health and Medical Sciences, University of Copenhagen, Glostrup, Denmark.

Published: 18 September 2014

#### doi:10.1186/1129-2377-15-S1-C38

**Cite this article as:** Maarbjerg *et al.*: **EHMTI-0139.** Field-testing of the ICHD-3 beta diagnostic criteria for classical trigeminal neuralgia. *The Journal of Headache and Pain* 2014 **15**(Suppl 1):C38.

## Submit your manuscript to a SpringerOpen<sup>®</sup> journal and benefit from:

- Convenient online submission
- Rigorous peer review
- Immediate publication on acceptance
- ► Open access: articles freely available online
- ► High visibility within the field
- Retaining the copyright to your article

Submit your next manuscript at ► springeropen.com



© 2014 Maarbjerg et al; licensee Springer. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.