

INVITED SPEAKER PRESENTATION

Open Access

Hemicrania continua and unilateral headaches: are they still together in the IHS classification?

Fabio Antonaci^{1*}, Ottar Sjaastad², Torbjorn A Fredriksen³

From Abstracts from the 1st Joint ANIRCEF-SISC Congress
Rome, Italy. 29-31 October 2015

Sjaastad & Spierings described “Hemicrania continua” (HC) in 1984 [1]. In 2001, succinct criteria were presented [2]: permanent hemicrania, pain intensity: mild-moderate, (but occasionally - severe) and indomethacin dosage < 150 mg daily. In addition, relative shortage of “local” autonomic phenomena, relative lack of “migraine symptoms” and of “cervicogenic” features. Such patients generally had tried legion drugs, with little effect. Such trials equal the usage of placebo. These guidelines seemed to function close to optimally. Then, criteria of the International Headache Society (IHS) (ICHD-III beta classification) came along. Surprisingly, they were transferred from a recent review article by Goadsby [3], almost word by word, despite the existence of a committee of intelligent and knowledgeable colleagues. There is an abundance of failures in the actual scheme. It is unacceptable to include as mandatory criteria, facial/forehead autonomic features. In this way, e.g. sweating becomes prominent - 33%, against a subjective feeling of sweating in only 6% of our series (ratio: 5.5). Objectively, by quantitative evaporimetry, there was *no facial* asymmetry in all our 8 cases. There were 12 autonomic phenomena in this category [3], with a mean ratio between Goadsby's/our figures of 4.4. When made mandatory, autonomic features will create bogus cases. Bogus cases necessitate ultra-high indomethacin dosages; such dosages have an *unspecific*, analgesic effect, on various headaches. Our mean indomethacin continuation dosage was: 83 mg (range: 50-150), while in Goadsby's series it was 176 mg (25-500). HC is the unilateral headache with the least “local” autonomic features, “migrainous” and “vascular” components. It is a rather “pure” headache. The present classification brings HC

nearer to other unilateral headaches with local autonomic symptoms, a misunderstood policy. CPH is exceptional with clinical similarities; the absolute indomethacin effect suggests a shared, core pathogenesis.

Authors' details

¹Headache Centre, C. Mondino National Institute of Neurology Foundation, IRCCS, Department of Brain and Behavioral Sciences, University of Pavia, Pavia, Italy. ²Department of Neurology, St. Olavs Hospital, Trondheim University Hospitals, NTNU, Trondheim, Norway. ³Department of Neurosurgery, St. Olavs Hospital, Trondheim University Hospital, Trondheim, Norway.

Published: 28 September 2015

References

1. Sjaastad O, Spierings EL: Hemicrania continua. Another headache absolutely responsive to indomethacin. *Cephalalgia* 1984, **4**:65-70.
2. Pareja JA, Vincent M, Antonaci F, Sjaastad O: Hemicrania continua: diagnostic criteria and nosologic status. *Cephalalgia* 2001, **21**:874-877.
3. Cittadini E, Goadsby P: Hemicrania continua: A clinical study of 39 patients with diagnostic implications. *Brain* 2010, **133**:1073-1086.

doi:10.1186/1129-2377-16-S1-A35

Cite this article as: Antonaci et al.: Hemicrania continua and unilateral headaches: are they still together in the IHS classification? *The Journal of Headache and Pain* 2015 **16**(Suppl 1):A35.

Submit your manuscript to a SpringerOpen 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

* Correspondence: fabio.antonaci@unipv.it

¹Headache Centre, C. Mondino National Institute of Neurology Foundation, IRCCS, Department of Brain and Behavioral Sciences, University of Pavia, Pavia, Italy

Full list of author information is available at the end of the article