Cluster headache treatment

Acute and preventive pharmacological treatments are often poorly tolerated and of limited effectiveness. Due to an improved understanding of the pathophysiology of CH, neuromodulation devices are now considered safe and effective options for preventive and acute treatment of CH.

Prophylaxis

While there is no known cure, cluster headaches can sometimes be prevented and acute attacks treated. Recommended treatments for acute attacks include oxygen or a fast-acting triptan.

Primary recommended prevention is verapamil. Steroids may be used as a transitional treatment and may prevent attack recurrence until preventative treatments take effect. The condition affects approximately 0.2% of the general population, and men are more commonly affected than women, by a ratio of about 2.5:1 to 3.5:1.

Prophylaxis for cluster H/A is only minimally effective:

1. β-adrenergic blockers are less effective

2. lithium: becoming the drug of choice (response rate 60–80%). 300 mg PO TID and follow levels (desired: 0.7–1.2 mEq/L)

3. occasionally ergotamines are used

4. naproxen (Naprosyn®)

5. methysergide (Sansert®) 2–4 mg PO TID is effective in 20–40% of cases, must cycle patient off the drug to prevent retroperitoneal fibrosis, etc.

Treatment

Treatment for cluster H/A (prophylaxis is only minimally effective):

Treatment is difficult because there is no prodrome and the H/A often stops after 1–2 hrs.

Treatment of acute attacks includes:

- 100% O2 by face mask with the patient sitting for ≤ 15 min or until attack aborted
- ergotamine
- SQ sumatriptan: usually aborts attack within 15 minutes
- steroids

see Chronic cluster headache treatment