

Appendix

- Presents research criteria for a number of novel entities that have not been sufficiently validated
- Presents alternative diagnostic criteria that may be preferable but for which the evidence is insufficient
- Is a first step in eliminating disorders included in the 1st edition for which sufficient evidence has still not been published

A1. Migraine

Alternative diagnostic criteria:

A1.1 Migraine without aura

Proposed new subclassification:

A1.1.1 Pure menstrual migraine without aura

A1.1.2 Menstrually-related migraine without aura

A1.1.3 Non-menstrual migraine without aura

Other proposed but unvalidated criteria:

A1.2.7 Migraine aura status

A1.3.4 Alternating hemiplegia of childhood

A1.3.5 Benign paroxysmal torticollis

A1.1 Migraine without aura

Alternative diagnostic criteria

1.1 Migraine without aura

- D. During headache
³**1** of the following:
1. nausea and/or vomiting
 2. photophobia and phonophobia

A1.1 Migraine without aura

- D. During headache
³**2** of the following:
1. nausea
 2. vomiting
 3. photophobia
 4. phonophobia
 5. osmophobia

A1.1 Migraine without aura

Note

- Whilst the alternative criterion D appears easier both to understand and to apply, it is not yet sufficiently validated

A1.1 Migraine without aura

Proposed new subclassification*

- A1.1.1 Pure menstrual migraine without aura
- A1.1.2 Menstrually-related migraine without aura
- A1.1.3 Non-menstrual migraine without aura

***This proposed subclassification is applicable only to menstruating women**

A1.1.1 Pure menstrual migraine without aura

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.1 *Migraine without aura*
- B. Attacks occur exclusively on day 1 ± 2 (*ie*, days -2 to $+3$) of menstruation in at least two out of three menstrual cycles and at no other times of the cycle

A1.1.1 Pure menstrual migraine without aura

Notes

- The first day of menstruation is day 1 and the preceding day is day –1; there is no day 0
- For the purposes of this classification, *menstruation* is endometrial bleeding resulting from either the normal menstrual cycle or withdrawal of exogenous progestogens (combined oral contraceptives or cyclical hormone replacement therapy)

A1.1.2 Menstrually-related migraine without aura

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.1 *Migraine without aura*
- B. Attacks occur on day 1 ± 2 (ie, days -2 to $+3$) of menstruation in at least two out of three menstrual cycles and additionally at other times of the cycle

A1.1.3 Non-menstrual migraine without aura

- A. Attacks, in a menstruating woman, fulfilling criteria for 1.1 *Migraine without aura*
- B. Attacks have no menstrual relationship

A2. Tension-type headache

Alternative diagnostic criteria

2. Tension-type headache

C. Headache has ³**2** of the following characteristics:

1. bilateral location;
2. pressing/tightening quality
3. mild or moderate intensity
4. not aggravated by routine physical activity

D. Both of the following:
1. no nausea or vomiting
2. not >1 of photo- or phonophobia

A2. Tension-type headache

C. Headache has ³**3** of the following characteristics:

D. Both of the following:
1. no nausea or vomiting
2. no photophobia or phonophobia

A2. Tension-type headache

Notes

- These alternative diagnostic criteria C and D are very specific, but have low sensitivity
- The purpose is that TTH does not become a default diagnosis

A3.3 Short-lasting Unilateral Neuralgiform headache attacks with cranial Autonomic symptoms (SUNA)

Proposed but unvalidated disorder

- A. At least 20 attacks fulfilling criteria B-E
- B. Attacks of unilateral orbital, supraorbital or temporal stabbing or pulsating pain lasting from 2 sec to 10 min
- C. Pain is accompanied by one of:
 - 1. conjunctival injection and/or lacrimation
 - 2. nasal congestion and/or rhinorrhoea
 - 3. eyelid oedema
- D. Attack frequency is $\geq 1/d$ for $>50\%$ of the time
- E. No refractory period follows attacks triggered from trigger areas
- F. Not attributed to another disorder

A3.3 SUNA

Notes

- 3.3 *SUNCT* may be a subform of a broader problem of A3.3 *SUNA*
- This proposal requires validation
- The proposed criteria for A3.3 *SUNA* (as an alternative to 3.3 *SUNCT*) are for research purposes and need to be tested
- Cranial autonomic features should be prominent to distinguish this disorder from ophthalmic division trigeminal neuralgia

A9. Headache attributed to infection

Proposed but unvalidated criteria

A9.1.6 Headache attributed to space-occupying intracranial infectious lesion or infestation

A9.1.7 Headache attributed to intracranial parasitic infestation

A9.4.2 Chronic post-non-bacterial infection headache

A12. Headache attributed to psychiatric disorder

Proposed but unvalidated criteria

A12.3 Headache attributed to major depressive disorder

A12.4 Headache attributed to panic disorder

A12.5 Headache attributed to generalised anxiety disorder

A12.6 Headache attributed to undifferentiated
somatoform disorder

A12.7 Headache attributed to social phobia

A12.8 Headache attributed to separation anxiety disorder

A12.9 Headache attributed to post-traumatic stress
disorder

A12. Headache attributed to psychiatric disorder

Notes

- The proposed candidate criteria sets are to facilitate research into the possible causal relationships between certain psychiatric disorders and headache
- When using them it is crucial to establish that the headache in question occurs exclusively during the course of the psychiatric disorder (*ie*, is manifest only during times when the symptoms of the psychiatric disorder are also manifest)

A13. Cranial neuralgias and central causes of facial pain

A13.7.1 Nummular headache

- A. Mild to moderate head pain fulfilling criteria B and C
- B. Pain is felt exclusively in a rounded or elliptical area typically 2-6 cm in diameter
- C. Pain is chronic and either continuous or interrupted by spontaneous remissions lasting weeks to months
- D. Not attributed to another disorder

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