



INTERNATIONAL CLASSIFICATION
of
HEADACHE DISORDERS

2nd edition

(ICHD-II)

History

- 1st edition published as:

Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain.

***Cephalalgia* 1988; 8 (Suppl 7): 1-96**

History

- Revision anticipated after 5 years, but:
 - relatively little criticism to prompt revision
 - nosographic research appeared only slowly
 - world-wide dissemination and translation into >20 languages took longer than expected
- 2nd edition became due after >10 years' accumulation of epidemiological and nosographic knowledge
- Revision process begun in late 1999

Basis

- Single classification for all purposes
- Comprehensive
- Evidence-based as far as possible
- Symptom-based for the primary headaches, aetiological for the secondary headaches
- Unambiguous
 - terms such as *sometimes, often, usually* are avoided
- Specificity weighted over sensitivity
- Separate codes for *probable* cases

System

Hierarchical (from 1st edition)

- major groups (1st digit)
 - types (2nd digit)
 - subtypes (3rd digit)
 - » subforms (4th digit)

Phenomenological

- each headache present in a patient (within the last year) separately coded

Important general rules

1. Each distinct type of headache that a patient has must be separately diagnosed and coded
 - eg, a severely affected patient may receive three diagnoses and codes:
 - 1.1 *Migraine without aura*,
 - 2.2 *Frequent episodic tension-type headache* and
 - 8.2 *Medication-overuse headache*

Important general rules

2. When a patient receives more than one diagnosis these should be listed in the order of importance to the patient

Important general rules

3. If one headache in a patient fulfils two different sets of explicit diagnostic criteria, use all other available information to decide which diagnosis is correct or more likely
 - this could include the longitudinal headache history (how did the headache start?), the family history, the effect of drugs, menstrual relationship, age, gender *etc*

Important general rules

4. For any particular diagnosis to be given, *all* listed criteria must be fulfilled
 - *probable* diagnostic categories exist for many disorders, to be used when a single criterion is not fulfilled

Important general rules

5. Fulfilment of explicit criteria for
 1. *Migraine*,
 2. *Tension-type headache* or
 3. *Cluster headache and other TACs*,or any of their subtypes, trumps the *probable* diagnostic categories of each
 - eg, a patient whose headache fulfils criteria for both 1.6 *Probable migraine* and 2.1 *Infrequent episodic tension-type headache* should be coded to the latter

Important general rules

6. Always consider the possibility that some headache attacks in a patient meet one set of criteria whilst other attacks meet another set
 - in such cases, two diagnoses exist and both should be coded

Important general rules

7. When a patient is suspected of having more than one headache type, a diagnostic headache diary recording the important characteristics for each headache episode
 - improves diagnostic accuracy
 - allows judgement of medication consumption
 - establishes the quantities of each of two or more different headache types or subtypes
 - teaches the patient to distinguish between different headaches

Structure

One chapter (1-13) per major group:

- introduction
- headache types, subtypes, subforms with:
 - previously used terms
 - disorders that are related but coded elsewhere
 - short descriptions
 - **explicit diagnostic criteria**
 - notes and comments
- selected bibliography

Structure

Final chapter (14) for:

- headache not elsewhere classified
 - headache entities still to be described
- headache unspecified
 - headaches known to be present but insufficiently described

Structure

Appendix for:

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

Classification

Part 1:

Primary headache disorders

Part 2:

Secondary headache disorders

Part 3:

Cranial neuralgias, central and primary facial pain and other headaches

Primary or secondary headache?

Primary:

- no other causative disorder

Primary or secondary headache?

Secondary

(*ie*, caused by another disorder):

- new headache occurring in close temporal relation to another disorder that is a known cause of headache
- coded as *attributed to* that disorder (in place of previously used term *associated with*)

Classification

Part 1: The primary headaches

1. Migraine
2. Tension-type headache
3. Cluster headache
and other trigeminal autonomic cephalalgias
4. Other primary headaches

Classification

Part 2: The secondary headaches

5. Headache attributed to head and/or neck trauma
6. Headache attributed to cranial or cervical vascular disorder
7. Headache attributed to non-vascular intracranial disorder
8. Headache attributed to a substance or its withdrawal
9. Headache attributed to infection

Classification

Part 2: The secondary headaches

10. Headache attributed to disorder of homoeostasis
11. Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth or other facial or cranial structures
12. Headache attributed to psychiatric disorder

Classification

Part 3: Cranial neuralgias, central and primary facial pain and other headaches

13. Cranial neuralgias and central causes of facial pain
14. Other headache, cranial neuralgia, central or primary facial pain