

## **What is Hemicrania Continua?**

This fact sheet is intended as a general introduction to **Hemicrania Continua** which is a rare form of primary headache more common in women. This is one in a series of fact sheets written and researched by The Migraine Trust to help you understand and manage your condition.

### **What is Hemicrania Continua?**

Hemicrania continua is a primary chronic daily headache disorder. (Headache disorder is classified as primary when an underlying organic cause has been carefully ruled out by medical history, physical, neurological examination and/or appropriate investigations).

It is characterised by a continuous, fluctuating, unilateral pain without shifting sides of the head. The pain is, typically, mild to moderate in intensity and in the majority of patients episodes of severe pain are superimposed on the continuous baseline pain. During these episodes (called exacerbations, which can last from 20 minutes to several days) the sufferer may experience a variable combination of autonomic features such as eye-watering, eye redness, nasal blocking or running, and eye lid drooping. These will occur on the same side of the pain. Also migrainous symptoms such as light or sound sensitivity, nausea and vomiting are also present. The condition is usually unremitting, however, some patients have an episodic or remitting form with distinct headache phases separated by pain-free remission.

The incidence and prevalence of hemicrania continua are unknown. Hemicrania continua is more common in women. The condition usually starts in adulthood, yet the range of onset is from 5 to 67 years of age.

The hallmark of this syndrome is the absolute positive response when treated with a medication called indomethacin.

### **Are there different types of Hemicrania Continua?**

There is only one type of hemicrania continua. This syndrome is a relatively new entity. In fact it was not described in the first edition of International Classification of Headache Disorders [ICHDs] by the International Headache Society in 1988. The syndrome was officially included in the last update of ICHDs in 2004. [ see page 3 ]

### **Headache or Hemicrania Continua?**

Distinguishing between different types of headache can be difficult. In fact patients can experience different types of headache at different times of their life for varying reasons. For example, if you have Hemicrania continua you may also experience other types of headache such as migraine. It is always very useful to keep a detailed headache diary in order to identify different headache types as it leads to different treatments.

### **What is the treatment?**

The treatment of choice for this condition is indomethacin. The positive response to this drug is an essential criterion for the diagnosis. Nevertheless, other treatments appear to be useful in this condition. There is currently no cure for hemicrania continua.

### **What causes Hemicrania Continua?**

The cause of this syndrome is not known. It is also not clear whether there is a genetic element as in migraine. There are a lack of known factors that precipitate hemicrania continua. Precipitants that are important in other headaches (e.g. migraine) generally seem to be less important in this condition. This includes stress, lack of food, alcohol, hormonal changes in women, lack of sleep.

### **The importance of a diagnosis**

The diagnosis is based on medical history, neurological examination and the positive improvement in response to indomethacin. It is important that the trial with indomethacin is carried out under the supervision of a doctor as this drug is contra-indicated in some medical conditions, particularly stomach disorders, whereas caution is required in others. The achievement of the right diagnosis is an essential step in order to properly treat hemicrania continua and therefore help patients to control their daily pain.

### **Hemicrania Continua diary**

Keeping a headache diary is pivotal for the doctor in order to have accurate information regarding the headache and also to evaluate carefully the response to medical treatments. Useful information that the headache diary may provide include:

- The location of the pain
- When the exacerbation ( or worsening ) of the pain started
- How often the exacerbations occurred
- How long the exacerbations last
- If there are other symptoms during severe pain, such as eye watering, redness of the eye, nasal blocked, runny nose, being sick and sensitivity to lights, sounds, smell and movement.

In addition, it is useful to record in the diary as many aspects of daily life as possible, such as:

- Medication taken
- Vitamins or health products taken
- Women should record details of their menstrual cycle.

### Hemicrania continua and classification

A group of Doctors who are part of The International Headache Society have drawn up a list of broad symptoms for helping diagnose many headaches including Hemicrania continua. The following chart highlights the current criteria for this condition in the **International Classification of Headache Disorders (second edition 2004)**.

	<b>Hemicrania continua</b> Description: persistent headache which is always responsive to indomethacin
<b>Diagnostic criteria</b>	<b>A.</b> Headache for more than 3 months fulfilling criteria B-D  <b>B.</b> All of the following characteristics: 1.unilateral pain without side-shift 2.daily and continuous, without pain-free periods 3.moderate intensity, but with exacerbations of severe pain  <b>C.</b> At least one of the following autonomic features occurs during exacerbation and on the same side of the pain; 1. conjunctival injection and/or lacrimation 2. nasal congestion and/or rhinorrhoea 3 ipsilateral miosis and/or ptosis  <b>D.</b> Complete response to therapeutic doses of indomethacin  <b>E.</b> Not attributed to another disorder

**ALWAYS CONSULT YOUR DOCTOR BEFORE TAKING OR CHANGING ANY TREATMENTS. THIS INFORMATION SHOULD NOT BE A SUBSTITUTE FOR YOUR DOCTOR'S ADVICE.**

The Migraine Trust is the health and medical research charity for migraine in the United Kingdom.

The Migraine Trust is committed to supporting all those affected by migraine and disabling headache. We seek to raise awareness of migraine and headache as a serious public health problem. The Migraine Trust funds and promotes research into migraine and disabling headache for the purposes of better understanding, improved diagnosis and treatment and, ultimately, to find a cure for these debilitating conditions.

**The Migraine Trust's Information and Enquiry Service**

**Tel: 020 7462 6601** – please leave a message if necessary and we will return your call.

**Email – [info@migrainetrust.org](mailto:info@migrainetrust.org)**

Please note that we cannot give individual medical advice or diagnosis, which can only safely be provided by your own health professionals.

Please support our work by making a donation. You can do this online by visiting [www.migrainetrust.org](http://www.migrainetrust.org) or you can contact us by post or phone.

Find us on Facebook, MySpace and Justgiving.com



**Other Useful Contacts:**

**Brain and Spine Foundation**

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Kennington Park  
London SW9 6EJ  
Helpline: 0808 808 1000  
Website: [www.brainandspine.org.uk](http://www.brainandspine.org.uk)

**OUCH (UK) (for Cluster Headaches)**

Pyramid House  
956 High Road  
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N12 9RX  
24 Hour Helpline: 01646 651 979  
Website: [www.ouchuk.org](http://www.ouchuk.org)

**World Headache Alliance**

Email: [mail@w-h-a.org](mailto:mail@w-h-a.org)  
Website: [www.w-h-a.org](http://www.w-h-a.org)

**Pain Concern**

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**This fact sheet is available in larger print on request**

The information in this fact sheet has been read and checked for accuracy and relevance by headache professionals and people living with migraine. Date Reviewed March 2009.

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